LEAP 2025
Home Study Test Application

Student Information

Last Name: ________________________  First Name: ________________________
Social Security Number: ________________  Date of Birth : ____________________
Gender: ___  Race: _____
Grade: ____

***All of the above information is required for testing.***

Check One:

<table>
<thead>
<tr>
<th>Option</th>
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<tbody>
<tr>
<td>Student qualifies for accommodations</td>
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<tr>
<td>Student does not qualify for accommodations</td>
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A copy of the student's current IEP, IAP, or EL Checklist must be provided for the student to receive the accommodations.

Parent Information

Last Name: ________________________  First Name: ________________________
Mailing Address: ______________________________________________________
City: _________________________  Zip Code: _________________________
Phone Number : _________________________
Parent email: ______________________________________________________

Email will be sent to confirm registration as well as location of testing from Vicki Vick or Karen Kety.

Mail application to:                      or                      Email application to:
DTC                                                Karen.Kety@stpsb.org
71460 Edna Street                                  Covington, LA 70433
Covington, LA 70433

Testing dates are April 27th – May 1st.

Grades 3 and 4 are paper based. Grades 5 – 8 are computer based.