St. Tammany Parish Public Schools
State Placement Test Application
Students entering grade 5 or 9 in 2020-21

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:

- Student qualifies for accommodations
- Student does not qualify for accommodations

A copy of the student's current IEP, IAP, or EL Checklist must be provided for the student to receive the accommodations.

Current School: ________________________________
Public School Enrolling: ________________________________

Parent Information

Last Name: ________________________  First Name: _______________________
Mailing Address: _________________________________________________
City: _________________________  Zip Code: _________________________
Phone Number: ________________________________
Parent email: _________________________________________________

Email will be sent to confirm registration and test location from Vicki Vick or Karen Kety.

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

The test will be given on Wednesday, May 27th and Thursday, May 28th.
It is a two-day assessment.
If these dates conflict, please call the office at 985.898.6481 prior to sending in the application.