



Appointment information:
Date: _____
Time: _____

ECAA Early Childhood Admission Assessment REGISTRATION FOR TESTING PROGRAM: Candidates for PreK through Grade 4

Please return this form to ERB within one business day of scheduling your appointment. Your appointment is not confirmed until this registration form and payment are received.

Mail: 470 Park Ave South, Second Floor South Tower, New York, NY 10016 | **Email:** ECAAOperations@erblearn.org

PLEASE PRINT OR TYPE

Has the candidate been tested previously by ERB? Yes No

Name of Candidate: Last _____ First (no nicknames, please) _____ M.I. _____

Sex: M F **Candidate's Birthdate:** Month _____ Day _____ Year _____ **Age:** Years _____ Months _____

Is the candidate bilingual? Yes No Other: _____

Current School: _____ **Current Grade:** _____ **Applying for Grade:** _____

Name of Parent: Last _____ First _____

Home Tel: _____ **Work Tel:** _____

Address: Street & No. _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

A report of the candidate's test results is sent to participating on-going schools as requested by the parent. Use the lines below to indicate the schools to which you would like your child's report sent. ERB cannot send the report to your child's current school alone. The report must be sent to at least one school to which your child is applying. Six official school reports (if registered by phone) are included in the testing fee. You may request additional school reports at any time **for a fee of \$15 per school.** **Please refer to our website at www.eaatetest.org for our school removal policy.** Parents automatically receive a copy of their child's report.

If your child is currently enrolled in a participating Early Childhood School, please indicate if you would like a copy of the report sent to your school: Send Do not send

ERB member schools (six school reports included in your testing fee):

Additional ERB member schools (\$15 per school report):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____

Coaching Policy: Prior exposure to test materials may invalidate results. I affirm that my child has not been coached or tutored (either through direct exposure or third party intervention) for this assessment, and understand that any suspicion of coaching or tutoring may result in language indicating such on my child's score report. ERB reserves the right to make such a determination in its sole professional discretion. **I have read and understand the ECAA Coaching Policy.**

Fee Enclosed: \$ _____ **Payment:** Visa MC AmEx **Card No.:** _____

Exp. Date: _____ / _____ **CSV:** _____ **Signature:** _____

↑ PARENT'S SIGNATURE ↑