

Date of Test: October 16, 2019	
Student name (First M.I. Last)	Date of Birth
Grade level for current school year	_ (Only grade 10 or 11 may participate.)
education program that is provided by the parent, or a po	inantly receives instruction in a general elementary or secondary erson standing in parental authority, in or through the child's home. tricts this opportunity from being available to students enrolled in
	amed above using the home school option. I further certify that my ndependent School District in the High School
Parent signature	Date
	hould be a government issued ID such as a driver's license or state as not have such the parent may provide the parent's ID along with a pest.
Parent/Guardian information:	
Father's name	
Mother's name	
Physical address	
Mailing address (if different)	
Email address	Phone number
	5, 2019), return this completed form along with proof of residence to the 5, Texas 78207. If there are additional questions concerning this
SAISD Testing Office Verification	
Printed Name:	Signature:
Date:	Campus TC notified on:
It is the policy of San Antonio ISD not to discriminate on the b	basis of race, color, national origin, age, sex or handicap in its vocational

It is the policy of San Antonio ISD not to discriminate on the basis of race, color, national origin, age, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.