



Private School/Out-of State Transfer Student Information Sheet for End-of-Course (EOC) Testing

Please complete this form and return it to [contact] no later than [date].

Student First Name	
Student Last Name	
Date of Birth	
EOC Assessment(s) Needed (circle all that apply)	Algebra 1 Biology 1 Geometry
Course(s) Completing	
Parent/Guardian Name(s)	
Parent/Guardian Phone Number(s)	
Parent/Guardian Address	
Parent/Guardian Email Address	
Emergency Contact Information	
School student is currently enrolled in/ transferring from	

I certify that the above information is accurate and that my student, _____, is aware of testing policies, has participated/will participate in a computer-based practice test (ePAT), and that his/her required immunizations are up-to-date. In addition, I am aware that my student must bring a photo ID (school- or Florida-issued) on the day of testing.

Parent/Guardian Signature: _____ **Date:** _____