



2012 Spring Achievement Testing, Grades 1–7 | Order Form

Parent's/Guardian's Name _____

Complete Address _____

Parent's/Guardian's Email Address _____ Phone _____

Student's Name _____ Student's ID # _____

OFFICE USE ONLY	
THE ACADEMY OF HOME EDUCATION #1098358	
Sold To _____	Date _____
Ship To _____	Order No. _____
Entered By _____	Date _____

Please mark the test you are ordering for this student.

AHE membership includes the cost of an achievement test (\$44). If you would like this student to take a combined achievement *and* mental abilities test (selected grades), you may do so for a charge of \$19.50. Please select ONE of the following tests for this student:

The Iowa Tests®	Combined <i>ITBS</i> ®/ <i>CogAT</i> ® (\$19.50 + tax)	Stanford Achievement Test	Combined Stanford with OLSAT (\$19.50 + tax)
<input type="checkbox"/> Grade 1 (333682)	-	<input type="checkbox"/> Grade 1 (065458)	-
<input type="checkbox"/> Grade 2 (333690)	-	<input type="checkbox"/> Grade 2 (065466)	<input type="checkbox"/> Grade 2 (065565)
<input type="checkbox"/> Grade 3 (333708)	<input type="checkbox"/> Grade 3 (333799)	<input type="checkbox"/> Grade 3 (151720)	<input type="checkbox"/> Grade 3 (151738)
<input type="checkbox"/> Grade 4 (333716)	<input type="checkbox"/> Grade 4 (333807)	<input type="checkbox"/> Grade 4 (065482)	<input type="checkbox"/> Grade 4 (065581)
<input type="checkbox"/> Grade 5 (333724)	<input type="checkbox"/> Grade 5 (333815)	<input type="checkbox"/> Grade 5 (065490)	<input type="checkbox"/> Grade 5 (065599)
<input type="checkbox"/> Grade 6 (333732)	<input type="checkbox"/> Grade 6 (333823)	<input type="checkbox"/> Grade 6 (065508)	<input type="checkbox"/> Grade 6 (065607)
<input type="checkbox"/> Grade 7 (333740)	<input type="checkbox"/> Grade 7 (333831)	<input type="checkbox"/> Grade 7 (065516)	<input type="checkbox"/> Grade 7 (065615)

Payment for shipping (per family) and/or combination testing: Canada—\$6.00 All Other Foreign Addresses—\$12.95 Minimum (to be determined by the number of tests ordered)
 Check here for rush processing—\$30.00.

CC # _____

Exp. Date _____ Cardholder's ZIP _____

Cardholder's signature _____

Check
 Please make payable (in U.S. funds) to **BJU Press Testing & Evaluation**
 at 1700 Wade Hampton Blvd., Greenville SC 29614.

Visa MasterCard Discover

Qualified Tester's Information* Students in Grades 1–7 may be tested by an approved parent or relative according to the publisher's guidelines.

Tester's Name _____ Account No. _____ Phone _____

Tester's Mailing Address _____ City _____ State _____ ZIP _____

Tester's Complete Shipping Address (if Different) _____ City _____ State _____ ZIP _____

*Please confirm that the tester has completed the application process and has been approved by BJU Press Testing & Evaluation. The necessary application may be downloaded from www.bjupress.com/services/testing or requested by calling 800.845.5731. If ordering from March–June, a minimum processing fee of \$30 is required, if your test date is less than 4 weeks from the date your order is received in our office.

Your testing date should be scheduled for mid-March. Please indicate your proposed testing date here: _____

Mail or fax this form by **mid-January** so that your testing materials will arrive prior to your testing date. A \$25 late fee will be charged for each form received after February 15. Fax 800.515.2233