

Eligibility Form for Students Requesting Testing Accommodations

Please print all information.

Student's Name: _____
(Last) (First) (Middle)

Parent's Name _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Primary Telephone: () _____ - _____ Student's Date of Birth ____ / ____ / ____

Parent E-Mail Address: _____

A response will be sent to the parent via e-mail to confirm the request for an accommodation.

A current IEP or 504 must specifically state that extended testing time, enlarged print, and/or extended time and enlarged print is an allowable accommodation. **The application will not be processed without accompanying documentation.**

Please Select: Extended Time Enlarged Print Extended Time and Enlarged Print

Parent Agreement: I verify that the above information is correct and that the above-mentioned student is eligible to apply for extended testing time and/or enlarged print for the CHSEE 2017 test.

Parent's Signature: _____ Date: _____

Please continue to the next page to complete the registration process.

**Return completed form
along with accompanying
documentation to:**

CHSEE, Inc.
P O Box 361
Mineola, NY 11501-0361

**Forms and documentation
must be postmarked by
September 29, 2017**