

PHOENIX HIGH SCHOOL GRADUATE TESTING REGISTRATION
2015-2016 First and Second Minisemesters

*RETURN FORM IN PERSON, VIA MAIL **OR** VIA FAX **BY DEADLINE(S) LISTED BELOW:**
 PHOENIX HIGH SCHOOL, ATTN: KRISTIE MARTIN
 501 WEST PIKE STREET
 LAWRENCEVILLE, GA 30046
 FAX 770.513.6864*

NAME: _____ STUDENT ID NUMBER: _____

LAST MONTH AND YEAR IN ATTENDANCE AT PHOENIX HIGH SCHOOL: _____

ADDRESS: _____ PHONE NUMBER: _____

DIRECTIONS: Place a check mark (√) next to the test(s) that you need to sign up to take.

	DEADLINE: September 25		
_____	Tuesday, October 20	Gateway RETEST Science	8:00 a.m.
_____	Wednesday, October 21	Gateway RETEST Social Studies	10:15 a.m.

I understand that while on the campus of Phoenix High School, I must abide by all rules and guidelines of GCPS and Phoenix High School. I understand that I must be on time to testing in order take the test, and I must present a valid ID to the test proctor. I also understand that failure to comply with these guidelines may forfeit my ability to take any further tests at Phoenix High School.

 PRINT NAME

 STUDENT SIGNATURE

 TODAY'S DATE

OFFICE USE ONLY: GTID # _____ FTE ID # _____