



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

Please complete this form and return it to the St. Johns County Assessment Department via email: [stephanie.hammett@stjohns.k12.fl.us](mailto:stephanie.hammett@stjohns.k12.fl.us) or [katharine.sharman@stjohns.k12.fl.us](mailto:katharine.sharman@stjohns.k12.fl.us), or contact the St. Johns County School District main office for additional options (904)547-7500.

Student First Name, Middle Initial and Last Name	
Student Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (month/day/year)	
Student Racial/Ethnic Background	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
EOC Assessment(s) Needed (circle all that apply)	<b>Algebra 1      Geometry      Biology 1      Civics      US History</b>
Course Enrollment (indicate for each) <small>Currently enrolled / Previously enrolled / Never Enrolled</small>	
Enrolled Grade	
Zoned School	
Parent/Guardian Name(s)	
Parent/Guardian Phone Number(s)	
Parent/Guardian Physical 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, 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:** \_\_\_\_\_