

Standardized Achievement Testing Request Form

I am requesting that Grand Forks Public Schools
provide the standardized achievement test for my
child _____ for Grade

(Child Name)

(Grade)

I understand that the school district administers this
test at no charge.

Parent Signature

Date



Mark Sanford Education Center
2400 47th Ave. S
Grand Forks, ND 58201-3405



PO Box 6000
Grand Forks, ND 58206-6000



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