

School Name _____

EOG

**Non-Public Testing Program
Spring 2018 Order Form
End of Grade Tests**

Testing Coordinator _____ PO# (Required) _____

School Address _____

School Phone _____ Fax _____

School e-mail Address _____

END-OF-GRADE Test \$20.00 PER TEST ORDERED

Date to be administered: _____
(within the last 10 days of school year)

Last Day of School: _____

*Order will not be
processed without
these dates*

Fax order by: **April 9, 2018**.....Training: **April 24, 2018**

Subject	NUMBER OF TESTS Paper/Pencil	TESTING ONLINE	NUMBER OF TEACHERS
Gr. 3 ELA			
Gr. 3 Math			
Gr. 4 ELA			
Gr. 4 Math			
Gr. 5 ELA			
Gr. 5 Math			
Gr. 6 ELA			
Gr. 6 Math			
Gr. 7 ELA			
Gr. 7 Math			
Gr. 8 ELA			
Gr. 8 Math			
Gr. 5 Science			
Gr. 8 Science			

FAX: 919-515-4622
Phone: 919-515-4624

Fax this form by April 9, 2018