

School Name _____

EOG

**Non-Public Testing Program
Spring 2024 Order Form
End of Grade Tests**

Testing Coordinator _____

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, 2024**.....Training: **April 23, 2024**

Subject	NUMBER OF TESTS	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, 2024