

School Name _____

2024 NPSTS REGISTRATION FORM

\$100 per school per testing cycle.

Registration with NPSTS includes training, technical support, scoring, and shipping costs. This registration form must be completed and submitted with your test order each testing cycle. Your order will not be processed without submitting both. **DO NOT** send payment with this form. The registration fee will be included on the invoice you will receive at the end of the school year.

School Principal _____ Registration FALL _____ SPRING _____

***Test Coordinator** _____ Position at School _____

Street Address (not a PO Box) _____

City _____ State: NC Zip _____

Email Address (required) _____ School Website: _____

Telephone # _____ **Fax # (required)** _____

Registered with Dept. Non-Public Education Yes _____ No _____

List the grades at your School _____ Number of students enrolled _____

School Calendar (Must Submit with Registration)

Registration, Conditions of Use, and Security Agreement

I accept responsibility for maintaining test security at all times and for following the procedures listed in this catalog and in the *North Carolina Testing Code of Ethics*. I understand the tests must be administered in accordance with the rules, guidelines, and procedures established by the North Carolina Department of Public Instruction. I further understand that failure to observe all conditions, rules, guidelines and procedures may, at the discretion of the North Carolina Department of Public Instruction and the State Board of Education, result in the forfeiture of my school's right to further participate in the statewide testing program. I agree to report any and all possible breaches in test security to the Non-Public Schools Testing Service and, upon determination of a breach in test security by any person (administrator, staff, student) at my school, I understand my school's right to further participation in the statewide testing program may be forfeited. I understand all test materials are the property of the North Carolina Department of Public Instruction, and that I must return **all** test materials using the means provided by the Non-Public Schools Testing Service. I realize failure to account for and return all test materials may result in the forfeiture of my school's right to participate in the statewide testing program.

***Test Coordinator may not be a parent of any student being tested, nor a teacher of any subject being tested.**

Principal Signature: _____ Date: _____

Test Coordinator (principal's designee) _____ Date: _____

FAX to: 919-515-4622
NPSTS Test Coordinator
Phone: (919) 515-4624