

School Name \_\_\_\_\_

**EOG**

**Non-Public Schools Testing Program  
Spring 2026 Order Form  
End-of-Grade Tests**

Testing Coordinator \_\_\_\_\_

**\$23.00 PER END-OF-GRADE TEST ADMINISTERED**

*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 15, 2026**.....Training: **April 29, 2026**

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**

**Email: [group-topsdocs@ncsu.edu](mailto:group-topsdocs@ncsu.edu)**

**Fax or email this form by April 15, 2026.**