Alpine Independent School District
MCAS
Registration Form

Deadline: Monday, November 2, 2009

Name: _____

Address: _____

Telephone numbers: home _____ cell _____

Date:_____

Refund policy:

Refunds for the exams cannot be granted after the student's information has been entered into the online testing center after the above deadline date. Additionally, students cannot request a refund if they do not pass the exam(s).

I have read the above refund policy and agree to the terms.

_____ _____

Parent signature Student signature

Payment Received:
Please check all exams to be taken

1 Test Option/No Retakes ($62.00/test)

Cash or Check#( )

_____ Word 2007
_____ Excel 2007
_____ PowerPoint 2007
_____ Total Amount Paid

1 Retake Option per failed test ($75.00/test)

Cash or Check#( )

_____ Word 2007
_____ Excel 2007
_____ PowerPoint 2007
_____ Total Amount Paid