

2009– 2010 NPSTS REGISTRATION FORM – PAGE 1

Registration is \$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 completing this form. You must submit this form even if you will be training or testing with another school. **Do not** send payment with this form. The registration fee will be included on the invoice you will receive at the end of the semester. Please submit a school calendar or web address for your school.

School Name: _____	Web Address _____
Test Coordinator: _____	
Street Address (not a PO Box): _____	
City: _____	State: <u>NC</u> Zip: _____
Email Address (required): _____	
Telephone #: _____	Fax # (required): _____
Federal ID #: _____	Purchase Order #: _____
Registration for (please circle): FALL _____ SPRING _____	
Registered with the Dept. of Non-Public Education Yes _____ No _____ Please list grades at your School _____	

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.

Signature: _____ Position: _____ Date: _____

**Submit to: NPSTS Test Coordinator, NPSTS-TOPS, 1500 Blue Ridge Road, Raleigh, NC 27607
Phone: (919) 515-4623 Fax: (919) 513-4683**

NPSTS REGISTRATION FORM – PAGE 2
2009 - 2010 NPSTS TRAINING AND SCORING

School Name: _____

Person Attending Training: _____

Please submit the following information with your registration form and order forms. Before receiving test materials, non-public schools must participate in a test administration training session.

Training

Fall 2009 Please select the fall training date(s) you plan on attending.

Date

_____ NPSTS administered training on TBA in Raleigh (EOC)

_____ I will have training administered by _____

Tests I am getting trained in are _____

Trainer is from _____ School System/ School.

The trainer's school is: Public _____ Private _____

SPRING 2010 Please select the spring training date(s) you plan on attending.

Date

_____ NPSTS administered training on TBA in Raleigh (Writing)

_____ NPSTS administered training on TBA in Raleigh (EOG, EOC)

_____ I will have training administered by _____

Tests I am getting trained in are _____

Trainer is from _____ School System/ School.

The trainer's school is: Public _____ Private _____