

WESTFIELD TECHNICAL ACADEMY
PSAT REGISTRATION FORM

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE NUMBER: _____

ENGLISH TEACHER: _____ **PERIODS:** _____

TEST DATE: WED. OCTOBER 14TH 2015

TEST TAKES PLACE DURING THE SCHOOL DAY- STUDENTS ARE RESPONSIBLE FOR MAKING UP MISSING ASSIGNMENTS

TEST LOCATION: WTA

COST: \$18

**** STUDENTS WHO RECEIVE FREE/REDUCED LUNCH, PLEASE SEE GUIDANCE FOR FEE WAIVERS.**

Please submit registration forms **TO GUIDANCE** no later than **WED. OCT. 7, 2015** in an envelope with your payment.

Payment should be check or money order made out to WTA. Student's first and last name should be written on the outside of the envelope.

PARENT/GUARDIAN SIGNATURE: _____