

# The Wake • Kendall Group PLLC

*Psychological & Educational Services*

5247 Wisconsin Avenue NW, Suite 4

Washington DC 20015

Attention: Admissions Testing

Please print the completed form and **MAIL** it to the address above accompanied by a check for the designated amount or with your credit card information.

## ADMISSIONS TESTING REGISTRATION FORM

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_

Parent(s) Information:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

Phone numbers (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

Phone numbers (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Has child had previous Admissions Test(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Date of Test(s) (Month and Year) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I elect to pay for the assessment by **credit card**

**or**

\_\_\_\_ I am **enclosing a check** for the assessment.

## CREDIT CARD INFORMATION

Cardholder's Full Name \_\_\_\_\_ Amount \_\_\_\_\_

(as appears on credit card)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Type of Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card # \_\_\_\_\_