

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 _____

Telephone Numbers _____

Full Name _____

Address _____

City _____ State _____ Zip _____

Parent Email address _____

Telephone Numbers _____

Has child had previous Admissions Test? _____ Yes _____ No

If Yes, Date of Test (Month and Year) _____

What Is the Best Way to Contact You? _____

* My signature below indicates that I understand that a refund will be issued if I cancel at least 3 business days in advance.

Signature _____ Date _____

__ (Initial) I elect to pay for the assessment by credit card.

__ (Initial) I am enclosing a check for assessment.

CREDIT CARD INFORMATION

Cardholder's Name: _____ Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

Cardholder's Signature: _____ Date: _____

Type of Credit Card: _____ Credit Card #: _____

Expiration Date: ____/____/____ 3 or 4 Digit Security Code: _____