

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.

ADMISSIONS TESTING REGISTRATION FORM

Child's Name _____

Child's Date of Birth _____ Sex Male Female

Gender: Male Female Genderqueer Other _____

Transgender male/Trans man/Female to male Transgender female/Trans female/Male to female

Preferred Pronoun: He/Him She/Her Ze/Zey They/Them Other _____

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) _____

* 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 am **enclosing a check** made out to The Wake Kendall Group, PLLC for assessment:

___ WPPSI-IV (Age 3) \$400.00

___ WPPSI-IV (Age 4-5) \$425.00

___ WISC-V (Age 6 and above) \$475.00