

ELIGIBILITY FORM FOR STUDENTS REQUESTING TESTING ACCOMMODATIONS

Please print or type

STUDENT'S NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number) (Street) (Apt.)

(Town) (State) (Zip Code)

STUDENT'S TELEPHONE: _____
(Area Code) (Number)

STUDENT'S DATE OF BIRTH: _____
(Mo/Da/Yr)

PARENT E-MAIL ADDRESS: _____

A response will be sent to the parent via e-mail to confirm the request for an accommodation.

ELIGIBILITY For which accommodation are you applying?

- Extended Time Enlarged Print
 Extended Time and Enlarged Print

Current IEP or 504 must specifically state that extended testing time and/or enlarged print is an allowable accommodation.

This application for accommodations will not be processed without accompanying documentation.

PARENT AGREEMENT I verify that the above information is correct and that the above-mentioned student is eligible to apply for extended testing time and/or enlarged print for the CHSEE 2008.

(Parent Signature)

(Date)

**DO NOT return
this form to the
CHSEE Examination Office**

**Return completed form along with
accompanying documentation to:**

Dr. Joanne O'Brien
Diocese of Rockville Centre
P.O. Box 9023
50 North Park Avenue
Rockville Centre, NY 11570

Forms must arrive by October 3, 2008