

Office Staff:
Attach payment here
Cash__ Check # _____

CEC Math Placement Test Registration

Fee is \$30 payable to CEC. Checks are preferred, but cash will be accepted.
Payment must be received and desired class indicated **BEFORE** test will be administered.
Please allow up to one week for test results.

Testing Date _____ Grade Entering _____

Student Name _____ Birthdate _____

Parent Name(s) _____

Parent Email Address _____ Phone _____

School(s) attended in the last 2 years (include current school if presently enrolled)

List the most recent 2 years of math classes taken, curricula used, and grade received (include class currently enrolled in, if applicable):

Class _____ Curriculum (if known) _____ Grade received _____

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Desired Saxon Math Class to be taken at CEC (MUST circle one):

Math 6/5

Algebra 1

Math 7/6

Algebra 2

Math 8/7

Pre-Calculus

Alg ½ (Pre-Alg)

Calculus

Please provide additional information that may be helpful for our math teachers (use the back of this form if necessary) _____

Office Staff Only:

Class assigned based on test results _____

Date of parental notification via email _____

Name of teacher to receive payment _____