



COLLABORATIVE  
ACADEMIC  
TESTING  
SERVICE, P.A.

9304 Forest Lane, Suite 274  
Dallas, Texas 75243  
214-221-7220  
[catsmail@sbcglobal.net](mailto:catsmail@sbcglobal.net)  
[www.catstexas.com](http://www.catstexas.com)

## REGISTRATION FORM

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender: *Female* \_\_\_ *Male* \_\_\_ Date of Birth: \_\_\_\_\_ Grade Applying For: *PK* *K* *1<sup>st</sup>*

Parent(s)/ Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
(street)

(City)

(State)

(Zip)

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Languages Spoken in Home \_\_\_\_\_

E-mail address (please print) \_\_\_\_\_

**Circle preferred mode of scheduling communication:** E-Mail or Postal Delivery

Upon receipt of the registration form and fee, your child will be assigned to a tester in a morning time slot. Please rank your day and time preferences by placing a "1", "2", or "3" in the box by your first, second, and third choices.

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday
8:30 - 10am						
10am to 11:30 a.m.						

Please indicate dates of travel which would conflict with test scheduling: \_\_\_\_\_

Parents of applicants completing testing prior to 1/1/11 will receive evaluation summary reports the second week of January. All other summary reports will be mailed to parents the last week of February. **No summary reports will be mailed to parents until an application is completed at a participating school.**

Schools will receive copies of the full evaluation report within three weeks of the evaluation. Please **CIRCLE** below the school(s) you wish to receive the results.

Episcopal School of Dallas (PK, K & 1<sup>st</sup>)  
Greenhill School (PK, K & 1<sup>st</sup>)  
Good Shepherd Episcopal School (K & 1<sup>st</sup>)  
Trinity Christian Academy (K)  
Providence Christian School (1<sup>st</sup>)  
Levine Academy (K & 1<sup>st</sup>)

The Hockaday School (PK, K & 1<sup>st</sup>)  
Parish Episcopal School (K & 1<sup>st</sup>)  
St. Mark's School of Texas (1<sup>st</sup>)  
The Lamplighter School (K & 1<sup>st</sup>)  
Wesley Prep (K & 1<sup>st</sup>)

**Mail completed registration form to:**

**Collaborative Academic Testing Service, P.A. – see address above**

**Enclose \$275 check payable to: C.A.T.S. (\$30 fee for returned checks) CHECK # \_\_\_\_\_**

**Or pay now with credit card through [PayPal](http://www.catstexas.com/paypal.htm) <http://www.catstexas.com/paypal.htm>**

**PAYMENT DATE \_\_\_\_\_**

Should you need to cancel testing, the registration fee is refundable less a \$30 processing fee.

Rescheduling appointments less than 24hours prior to testing time will result in a \$60 rescheduling fee.