

Deadline : April 8th, 2024

Check with your State Laws to see,
if you need testing done.

Central Christian Academy MAP Testing

REGISTRATION FORM FOR TESTING CCA STUDENTS

P.O. Box 1629, Goldenrod, FL 32733 • 1-800-806-2140 • Fax: 407-332-4413

Email: cca@acces-inc.com

DATE	PLEASE PRINT !		
PARENT'S NAME: LAST		FIRST	
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NUMBER:			
E-MAIL: (THIS IS A MUST)			
1ST STUDENT'S NAME: LAST		FIRST	
BIRTH DATE:	MALE:	FEMALE:	GRADE:
2ND STUDENT'S NAME: LAST		FIRST	
BIRTH DATE:	MALE:	FEMALE:	GRADE:
3RD STUDENT'S NAME: LAST		FIRST	
BIRTH DATE:	MALE:	FEMALE:	GRADE:
4TH STUDENT'S NAME: LAST		FIRST	
BIRTH DATE:	MALE:	FEMALE:	GRADE:
5TH STUDENT'S NAME: LAST		FIRST	
BIRTH DATE:	MALE:	FEMALE:	GRADE:
FOR CENTRAL CHRISTIAN ACADEMY OFFICE USE ONLY :			
TEACHER I.D.: _____		1ST STUDENT I.D.: _____	
2ND STUDENT I.D.: _____		3RD STUDENT I.D.: _____	
4TH STUDENT I.D.: _____		5TH STUDENT I.D.: _____	

Number of Students being tested _____ X \$15.00 = _____

We accept Checks & Credit Cards. Please indicate method of Payment and enclose Payment with Registration Form.

Check payment method used: ☐ Check ☐ Visa ☐ MC ☐ Amer Express ☐ Discover / Amount you want charged: \$ _____

Card Number # _____ Exp Date _____
Please be sure to include all digits Print name exactly as it appears on the Credit Card

3-digit CVI# on back of card: _____ Is address above the same as on your credit card?