Deadline April 10th, 2026

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 741600, Orange City, FL 32774 ● 407-332-6988

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 ACDEMY 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 $25.00 = _____

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 at it appears on the Credit Card

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