Richland One
South Carolina's Capital Schools

ADVANCED ACADEMIC PROGRAM (AAP)
HIGH SCHOOL TESTING APPLICATION
RICHLAND COUNTY SCHOOL DISTRICT ONE
2009-2010

(PLEASE PRINT)

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

Date of Birth _____ SASI ID # (if available) _____

Grade Level Beginning Fall 2009-2010_____

School Completed May 2009_____ School Attending August 2009 _____

Parent's/Guardian's Name _____

Address_____

City _____ State _____ Zip_____

Home Telephone _____ Work Phone_____ Cell Phone_____

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REQUEST FOR TESTING

Please check the appropriate box below indicating the "Honors" subject area in which the student is to be tested for placement.

English	Mathematics	Science	Social Studies

TESTING DATES AND LOCATION

August 5th & August 6th
9:00 am until 12:30 pm
Hand Middle School
2600 Wheat Street
Columbia, SC 29205

INSTRUCTIONS: Person making this request for testing must complete the information requested below: (Please Print Name)

- ☐ Parent Name: _____
- ☐ Teacher Name: _____
- ☐ Administrator Name: _____
- ☐ Student Name: _____

_____
Date

IMPORTANT: Please return form to your child's school or mail form to:

AAP Office
1225 Oak Street, Room 201-A
Columbia, SC 29204
or fax: 803- 231-6838