Richland One
South Carolina's Capital Schools

ADVANCED ACADEMIC PROGRAM (AAP)
MIDDLE 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 subject area in which the student is to be tested for AAP Placement.

Reading/Language Arts	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
Fax: 803-231-6838