



By signing below, I give my consent for my child, \_\_\_\_\_, to be administered assessment tests in the areas of Math and Literacy for the purpose of academic placement at Springwood School. The results of these tests may only be used exclusively by the Faculty and Admissions Team at Springwood and will be a part of my child's permanent records at Springwood.

\_\_\_\_\_  
Name of Student Grade (at Admission)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date

<b>Staff Only:</b>	
Test Administered by: _____	
Results entered by: _____	Date: _____
IXL: _____	STAR: _____
Recommendation:	