

# 2015-2016 MAGNET PROGRAMS TESTING SESSIONS



**THIS FORM IS NOT A SCHOOL CHOICE APPLICATION.**



**DEADLINE to Apply is October 16, 2015**

All testing forms must be mailed or hand delivered to the School Choice Office at  
1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083.

**All mailed testing forms must be postmarked by October 16, 2015.**

The following students are eligible to attend the Magnet testing sessions to complete the Iowa Tests of Basic Skills:

- DeKalb students in grades 4, 6 and 8 who will apply to the **High Achievers Magnet Programs or Arabia Mountain High School Environmental, Energy and Engineering Magnet Program** and did not successfully meet the eligibility requirements on the 2014-2015 Iowa Tests of Basic Skills (ITBS)
- Students who will apply to the **High Achievers Magnet Programs** with a 2013 – 2014 or 2014 – 2015 reading total at the 60<sup>th</sup> to 74<sup>th</sup> percentile, a math total at the 60<sup>th</sup> to 74<sup>th</sup> percentile **and** a composite score at the 60<sup>th</sup> to 84<sup>th</sup> percentile
- Students who will apply to the **Arabia Mountain High School Environmental, Energy and Engineering Magnet Program** with a 2013 – 2014 or 2014 – 2015 composite score at the 60<sup>th</sup> to 79<sup>th</sup> percentile
- **Please attach a copy of the student's 2013 – 2014 or 2014 – 2015 national standardized test scores.**

### Magnet Programs Testing Announcements

- **Students must report to the testing site both assigned dates.**
- **Students must arrive at the testing session with a bag lunch (refrigeration/heating not available).**
- **One copy of the ITBS test scores will be mailed to parents by January 2016.**

PLEASE NOTE THAT 2014-2015 ELIGIBLE STANDARDIZED TEST SCORES MAY ALSO BE USED TO DETERMINE STUDENT ELIGIBILITY.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Present School Attending \_\_\_\_\_ Present Grade Level \_\_\_\_\_  
Home Address \_\_\_\_\_  
No. Street Apt. Number  
City Georgia Zip Code  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **CHECK ONLY ONE OPTION.**

**DeKalb High School of the Arts**  
Thursday, 11/5/2015 and Friday, 11/6/2015  
8:30 a.m. – 2:00 p.m.  
**1192 Clarendon Avenue**  
**Avondale Estates, GA 30002**

**DeKalb High School of the Arts**  
Saturday, 11/7/2015 and Saturday, 11/14/2015  
8:30 a.m. – 2:00 p.m.  
**1192 Clarendon Avenue**  
**Avondale Estates, GA 30002**

If there are any special student services (i.e. IEP, 504, etc.) needed for testing, please describe the services on the line below. Please provide a phone number **only** if you would like to discuss additional concerns. **Testing modifications will be made based on the student's active Individual Educational Plan or 504 Plan.**

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