

## Registration for Saturday, October 19, 2002 PSAT

Student's Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Current Grade Level \_\_\_\_\_

School student regularly attends. If home schooled, write "home." \_\_\_\_\_

Is the student a resident of Loudoun County, Virginia? \_\_\_\_\_

Will the student take the October 15 version of the PSAT? \_\_\_\_\_

Has the student completed a Services for Students with Disabilities Eligibility Form? \_\_\_\_\_

I wish to register for the October 19 PSAT at Heritage High School and realize that I should report to the school no later than 8 A.M.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I wish to register my child for the October 19 PSAT at Heritage High School

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Return this form to the nearest high school or intermediate school guidance office no later than **October 15, 2002**. Questions may be directed to the school's guidance director or to Anne Lewis, supervisor of guidance and health services at 703-771-6428.

*Directions to Heritage High School are located on the Loudoun County Public Schools web-site at [www.loudoun.k12.va.us](http://www.loudoun.k12.va.us).*