



2017 ACT Testing for
Center School District
Resident Non-Enrolled Students

Office Use Only
Date Received: _____
Initials: _____

Wednesday, April 19, 2017

Participating students will be required to attend a mandatory pre-test demographic process (approx. 1 hour).
Date and time to be determined based on numbers of students registered.

To secure enrollment, return by February 20, 2017

This form (along with proof of residency and guardianship) must be returned to: Center School District,
Attn: Sarah Hunter, 8701 Holmes Road, Kansas City, MO 64131 by February 20, 2017.

SECTION 1

Student First Name: _____ Student Last Name: _____

Gender: Male ___ Female ___ Date of Birth: ___/___/___ Grade Level Spring 2017: _____

Current School Attending: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email (Information regarding ACT will primarily be communicated through the email address provided):

Home Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____ Cell Phone: _____

Secondary Emergency Contact: _____ Phone: _____

Section 2

In order to prove guardianship, an official birth certificate or other verifiable official document must be provided with the following information:

- A. Child's legal name
- B. Birth date
- C. Parent/parents' name

To obtain a birth certificate, contact the state in which the student was born. In Missouri, contact Jackson County Health Department at (816) 404-6419.

Section 3

Proof of residency is required at the time of submission of this form to be eligible to participate in the ACT on April 19, 2017 through the Center School District. A list of residency requirement can be found below.

- 2 current utility bills within the last 30 days (water, electric or gas).
- Or
- 1 current utility bill within the last 30 days and mail you received from the State with your name on it (social security, food stamps, child support, etc.).

Parent Signature: _____ Date: _____