

HIGH SCHOOL PLACEMENT TEST PARENT AUTHORIZATION FORM

Parents: Please complete the first page of this document and return both pages to your child's school by **November 1**.

To: _____
ELEMENTARY/MIDDLE SCHOOL NAME

I, _____, am the parent of _____.
PARENT/GUARDIAN NAME STUDENT NAME

My child will be taking the High School Placement Test (HSPT) and I am requesting that my child be provided an accommodation for a pre-existing disability that qualifies for accommodations.

Pre-existing disability: _____

Accommodation(s) requested: _____

I hereby authorize _____ to provide information to
ELEMENTARY/MIDDLE SCHOOL NAME

Bishop Foley Catholic High School to verify my child's eligibility for accommodations for the HSPT based on my child's disability and release _____ from any liability for providing this information.

ELEMENTARY/MIDDLE SCHOOL NAME

PARENT/GUARDIAN NAME (PRINT)

STUDENT NAME

PARENT/GUARDIAN SIGNATURE

DATE



VERIFICATION OF ELIGIBILITY FOR HSPT – IEP/ACCOMMODATION FORM

To: Admissions Office
Bishop Foley Catholic High School
32000 North Campbell Road
Madison Heights, MI 48071

Email Address/Admissions Office: tyle@bishopfoley.org

_____ has an IEP/accommodation plan on file with this
STUDENT NAME
school. Based on the information in this plan, _____ is
STUDENT NAME
eligible for the following accommodation(s) when taking tests:

DATE OF IEP/ACCOMMODATION PLAN

SCHOOL REPRESENTATIVE SIGNATURE

PRINT NAME

TITLE

EMAIL ADDRESS

PHONE NUMBER

Please mail or email this form to **Bishop Foley Catholic High School** no later than the **Friday before Thanksgiving**.

ELEMENTARY/MIDDLE SCHOOL NAME/ADDRESS:
