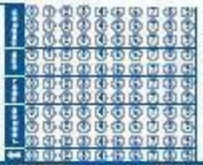
School | Date

Course | Section | Course Description

Page | Qtr | Sem | Period | Room

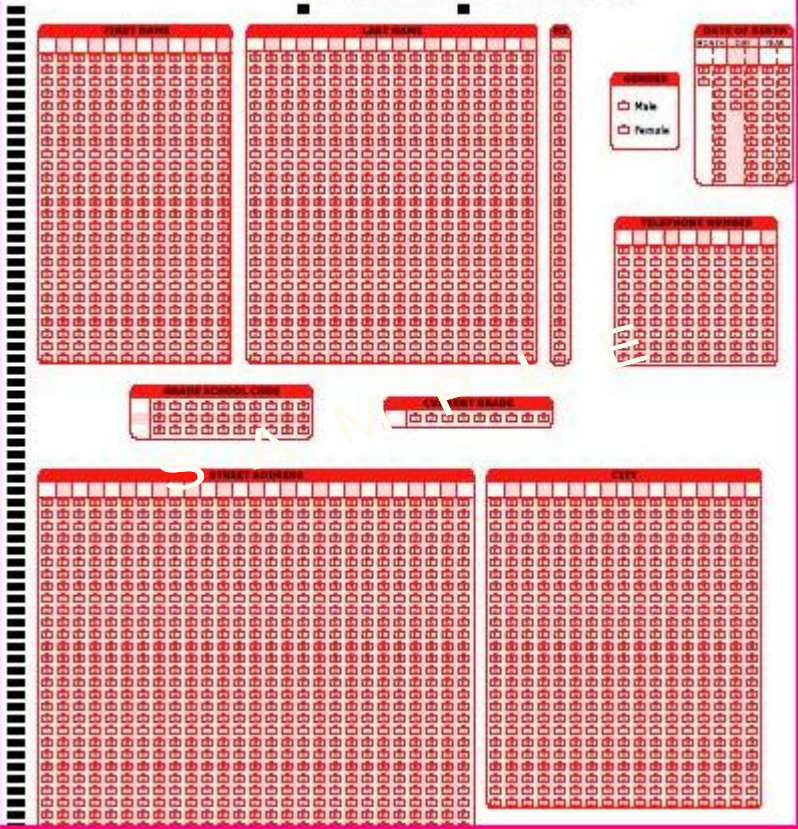
Teacher Name | Teacher Initials



STUDENT NAME / STUDENT ID	QUARTER GRADE	SEMESTER FINAL EXAM	SEMESTER FINAL GRADE	REMARKS

SAMPLE

ADMISSIONS INFORMATION FORM



NAME: _____

INSTRUCTOR: _____

SUBJECT: _____ DATE: _____

STUDENT ID

TEST ID

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D

51	A	B	C	D
52	A	B	C	D
53	A	B	C	D
54	A	B	C	D
55	A	B	C	D
56	A	B	C	D
57	A	B	C	D
58	A	B	C	D
59	A	B	C	D
60	A	B	C	D
61	A	B	C	D
62	A	B	C	D
63	A	B	C	D
64	A	B	C	D
65	A	B	C	D
66	A	B	C	D
67	A	B	C	D
68	A	B	C	D
69	A	B	C	D
70	A	B	C	D
71	A	B	C	D
72	A	B	C	D
73	A	B	C	D
74	A	B	C	D
75	A	B	C	D

NAME ______________________________

DATE ______________ TEST ______________

Your Company Name Here

INSTRUCTIONS

- USE A NO. 2 PENCIL ONLY
- MAKE DARK HEAVY MARKS
- FILL RESPONSE OVAL COMPLETELY
- MAKE ERASURES CLEANLY

PROPER MARK ● IMPROPER MARKS

DIRECTION OF FEED

ID NUMBER										
I	0	1	2	3	4	5	6	7	8	9
D	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
N	0	1	2	3	4	5	6	7	8	9
U	0	1	2	3	4	5	6	7	8	9
M	0	1	2	3	4	5	6	7	8	9
B	0	1	2	3	4	5	6	7	8	9
E	0	1	2	3	4	5	6	7	8	9
R	0	1	2	3	4	5	6	7	8	9

SUBJECT ◯ MATH ◯ LA

TEST										
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

RESPONSES

1	A	B	C	D	E	41	A	B	C	D	E
2	A	B	C	D	E	42	A	B	C	D	E
3	A	B	C	D	E	43	A	B	C	D	E
4	A	B	C	D	E	44	A	B	C	D	E
5	A	B	C	D	E	45	A	B	C	D	E
6	A	B	C	D	E	46	A	B	C	D	E
7	A	B	C	D	E	47	A	B	C	D	E
8	A	B	C	D	E	48	A	B	C	D	E
9	A	B	C	D	E	49	A	B	C	D	E
10	A	B	C	D	E	50	A	B	C	D	E
11	A	B	C	D	E	51	A	B	C	D	E
12	A	B	C	D	E	52	A	B	C	D	E
13	A	B	C	D	E	53	A	B	C	D	E
14	A	B	C	D	E	54	A	B	C	D	E
15	A	B	C	D	E	55	A	B	C	D	E
16	A	B	C	D	E	56	A	B	C	D	E
17	A	B	C	D	E	57	A	B	C	D	E
18	A	B	C	D	E	58	A	B	C	D	E
19	A	B	C	D	E	59	A	B	C	D	E
20	A	B	C	D	E	60	A	B	C	D	E
21	A	B	C	D	E	61	A	B	C	D	E

STUDENT INFORMATION CARD

Last Name

First Name

MI

ID NUMBER

CLASS ID

ANSWERS

1	A	B	C	D	E	14	A	B	C	D	E
2	A	B	C	D	E	15	A	B	C	D	E
3	A	B	C	D	E	16	A	B	C	D	E
4	A	B	C	D	E	17	A	B	C	D	E
5	A	B	C	D	E	18	A	B	C	D	E
6	A	B	C	D	E	19	A	B	C	D	E
7	A	B	C	D	E	20	A	B	C	D	E
8	A	B	C	D	E	21	A	B	C	D	E
9	A	B	C	D	E	22	A	B	C	D	E
10	A	B	C	D	E	23	A	B	C	D	E
11	A	B	C	D	E	24	A	B	C	D	E
12	A	B	C	D	E	25	A	B	C	D	E
13	A	B	C	D	E	26	A	B	C	D	E

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MATHEMATICS

1	11	21	31	41
2	12	22	32	42
3	13	23	33	43
4	14	24	34	44
5	15	25	35	45
6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

SCIENCE

1	11	21	31	41
2	12	22	32	42
3	13	23	33	43
4	14	24	34	44
5	15	25	35	45
6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

SOCIAL STUDIES - Citizenship

1	11	21	31	41
2	12	22	32	42
3	13	23	33	43
4	14	24	34	44
5	15	25	35	45
6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

READING - Comprehension

1	11	21	31	41
2	12	22	32	42
3	13	23	33	43
4	14	24	34	44
5	15	25	35	45
6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

STUDENT SCAN SHEET

STUDENT NAME: _____ DISTRICT: _____

SCHOOL: _____ Teacher Contact: _____ Date: _____

USE A NO. 2 PENCIL ONLY

PRINT YOUR LAST NAME, THEN YOUR FIRST NAME IN THE ROW OF BOXES; THEN MARK EACH MATCHING LETTER IN THE CIRCLE BELOW EACH BOX.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MI

FORM (Mark a Number AND a Letter):

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H				

DO NOT DUPLICATE THIS FORM. Duplicate Copies WILL NOT Scan.

STUDENT NUMBER

STUDENT GRADE LEVEL
MARK ONE

Do NOT mark here unless directed to do so.

Special Code(s):

SAMPLE

TEACHER COVER SHEET

Only ONE Teacher Cover Sheet MUST be on top of EACH SET of Student Scan Sheets.

Teacher Name: _____

School: _____

District: _____

Date: _____

Print your LAST NAME ONLY.

Use First Initial ONLY IF another teacher has the same last name.

DIRECTIONS:

1. Mark the Test Form.
   e.g. 3A, 4A, or 5B ...
   DO NOT combine different Test Forms under one Cover Sheet.
   i.e. Use a separate Cover Sheet with each set of Student Sheets for each different Test Form you administer.
2. Mark your LAST NAME ONLY.
   Mark your First Initial ONLY IF another teacher has the same last name.
3. Mark the total number of Student Scan Sheets accompanying this set. Count the number of STUDENT Scan Sheets ONLY. DO NOT count the Teacher Cover Sheet in the total.
4. Mark ONLY the Test SUBJECT(S) being administered by you in this set.
   i.e. IF two or MORE teachers administer tests to the same group of students, the students must use different scan sheets AND each teacher MUST complete a separate Cover Sheet for each different set of student sheets.
5. ONLY IF directed to do so, mark a Teacher Code# for each subject; otherwise, leave the area EMPTY.
6. Check each Student's Scan Sheet.
   Be sure that each sheet has the Student's Name and a unique Student ID# filled in correctly.
   Align each sheet with the Student Information face-up.

1 TEST FORM (Mark a Number AND a Letter)

1 ☐	A ☐
2 ☐	B ☐
3 ☐	C ☐
4 ☐	D ☐
5 ☐	E ☐
6 ☐	F ☐
7 ☐	G ☐
8 ☐	H ☐
9 ☐	
10 ☐	
11 ☐	
12 ☐	

- Use [illegible] ONLY
- Make dark heavy marks that fill the circles completely
- COMPLETELY erase unwanted marks
- Make no stray marks on this sheet

2 TEACHER'S LAST NAME (ONLY) | FI

3 Number of STUDENT Scan Sheets in this set

COUNT STUDENT SCAN SHEETS ONLY.

DO NOT count this Cover Sheet in the total number.

4 TEST SUBJECT(S) - Mark EACH subject administered in this set.

Mathematics	Science	Social Studies	Reading
☐	☐	☐	☐

5 DO NOT MARK codes below unless directed to do so.

Teacher Code # Math	Teacher Code # Science	Teacher Code # Social Studies	Teacher Code # Reading