



GROUP ORDER FORM

Group Contact Name

Group Contact Phone Number

Address (tests will be sent here)

City State Zip

Requested Testing Week

TerraNova 2nd Edition (CAT/6)	Grades K-12
TerraNova 1st Edition (CTBS)	Grades 1-12
California Achievement Test (CAT/5)	Grades K-12
California Achievement Test Survey (CS)	Grades 2-12
*Orders with 10 or more students will receive a 10% discount. Use discounted rates below to calculate total.	
# of CAT/6 tests ordered _____ X \$43 or \$38.70* = _____	
# of CTBS tests ordered _____ X \$30 or \$27.00* = _____	
# of CAT/5 tests ordered _____ X \$40 or \$36.00* = _____	
# of CS tests ordered _____ X \$40 or \$36.00* = _____	
TOTAL =	_____

Check or Money Order Enclosed or bill to: VISA MC DISC

Credit Card #: _____ Expiration Date: _____ CVC: _____

Name on Card: _____

Family Learning Organization provides standardized achievement testing for homeschooling families, groups, private groups, and school extension programs. As a service to families who wish to test in groups, FLO is providing this group order form. This allows multiple families to order on the same order and have the tests sent to a single address. Groups have two weeks to test starting on the desired testing week. Test score reports will then be sent to each family's respective home address. Scoring may take from one to two weeks.

Testing Agreement for Person Responsible for Group Order:

I understand these are non-consumable materials. I will ensure the tests are kept in a secure location and only accessible to the students during testing. No part of these test booklets will be copied or reproduced in any manner. I agree to return the materials within two weeks of the desired testing date. I understand that the group contact is responsible for the return postage and that for unused tests that are returned for any reason, FLO will refund the cost of the test minus a 15% restocking fee.

Signature of Group Contact

Date

Standardized Test Order Form for Groups

Parent's Name	Mailing Address/ Phone Number	Student's Name/Birth Date	Test Code/ Grade	Family Total
Jane Doe	1234 W Home St Town, WA 99218 (123) 456-7890	Amy Doe 10/7/2008 Ryan Doe 11/2/2005 Makayla Doe 8/24/2003 Charlie Doe 7/6/2001	CS 4 CTBS 7 CAT/5 10 CAT/6 12	\$153

Example

Standardized Test Order Form for Groups

Parent's Name	Mailing Address/ Phone Number	Student's Name/Birth Date	Test Code/ Grade	Family Total

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Parent's Name	Mailing Address/ Phone Number	Student's Name/Birth Date	Test Code/ Grade	Family Total

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