

**PRHS GATEWAY REGISTRATION FORM**  
**For Saturday, February 27<sup>th</sup>, 2010**

Student Name (Please print) \_\_\_\_\_

Student Number \_\_\_\_\_

Please check which portion(s) will be taken:

\_\_\_\_\_ Science 8:00 A.M.

\_\_\_\_\_ Social Studies 12:00 Noon

I understand that my student will NOT be admitted to testing if he/she arrives after the testing period has started.

I understand that successful completion of the Gateway Assessment is a graduation requirement of Gwinnett County Public Schools.

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

**You must return this form to the front lobby desk by Monday, February 1<sup>st</sup> in order to have your test(s) ordered.**