

**Thomas Jefferson High School for Science and Technology
Request for Alternate Date Testing
Admissions Test - December 2008**

Applicant Last Name:	Applicant First Name:
School Attending:	Applicant I.D. # (FCPS or A00XXXX):
Parent/Guardian Contact:	Test Site Selected:
Daytime Telephone Number(s):	E-Mail Address:

If you are requesting an alternate testing date due to religious or other legitimate reasons, please complete the appropriate sections below and attach supporting documentation for the request. Sign and date.

<input type="checkbox"/>	Student cannot test on Saturday, December 6, 2008. Reason student cannot test: (Explain)
<input type="checkbox"/>	Student also cannot test on Saturday, December 13, 2008. (Snow date) Reason student cannot test: (Explain)
<input type="checkbox"/>	Documentation attached: (Describe)
Parent/Guardian Signature: _____ Date: ___/___/08	

Submit completed form and required documentation **before October 24, 2008** to:

TJHSST Admissions Office
P.O. Box 3300
Merrifield, VA 22116-3300

Call 703-876-5265, if you have questions. Fax: 703-876-5286