

# Request for Placement Test

## World Languages Department

for **2017-2018** school year

The placement test for ALL languages will be  
**Tuesday, August 15<sup>th</sup>, 8:30 a.m.**

Please PRINT clearly when filling out this form. Incomplete forms will not be acted upon. After completing the form, please send it as an attachment by e-mail to Katherine Rozei, World Language Department Chair: [rozei@fultonschools.org](mailto:rozei@fultonschools.org)  
**Forms must be received by Thursday, August 10<sup>th</sup> in order for students to be tested.** Students eligible for testing will receive an e-mail confirmation which includes the testing location.

**Student Name** .....

E-mail .....@ .....

Current Grade                    9      10      11      12

Request for placement test in    CHINESE      FRENCH      SPANISH

**Mother's Name** .....

E-mail .....@ .....

Phone Number .....

**Father's Name** .....

E-mail .....@ .....

Phone Number .....

**Please mark all that apply:**

- ..... I am a native speaker of ..... (language)
- ..... I have lived in a country in which this language is spoken: .....  
(name of country)
- ..... I have attended a bi-lingual or immersion school. The language of instruction was .....
- ..... At home, I speak this language to my parents / family ..... % of the time
- ..... At home, I don't speak this language but my parents speak it to me .....% of the time
- ..... I have taken classes / worked with a tutor *outside* of school to improve my language skills. Explain:

FORM CONTINUES ON BACK

