

RETURN TO:

Tri-County Educational Service Center
Attn: Karen Miller
741 Winkler Drive
Wooster, OH 44691
Phone: (330) 345-6771 Ext. 228
E-mail: tesc_kmiller@tccsa.net

<u>For Office Use Only</u>	
Date:	_____
Passed	_____ Score: _____
Not Passed	_____ Score: _____

PARAPRO PRAXIS ASSESSMENT REGISTRATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

District of Residence: _____

District of Employment:
(if applicable) _____

Test Date Preference: _____

<p>Deadline for registration and payment: One (1) week prior to the assessment <u>to guarantee your testing date</u></p> <p>\$75.00 fee payable by <u>exact change, check, money order, debit or credit card</u></p> <p>Make check or money order payable to: Tri-County Educational Service Center (ESC)</p>
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<u>For Office Use Only</u>	
Date:	_____
Payment Type:	Bill CC Check Cash
Amt:	_____
Check #	_____
Receipt #	_____