

Eligibility Form for Students Needing Extended Testing Time

This form must be received at one of the following offices by October 12, 2018: No Exceptions

Archdiocese of Newark: (Counties of Bergen, Essex, Hudson, Union, NJ or Rockland Co., NY)

Barbara Dolan, 171 Clifton Avenue, Newark, NJ 07104

Diocese of Paterson: (Counties of Morris, Passaic, or Sussex, NJ)

COOP Coordinator, 777 Valley Road, Clifton, NJ 07013

STUDENT NAME (Print)

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Last

First

MI

BIRTH DATE

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M

M

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Y

Y

MAILING ADDRESS

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Number, Street, Apt./Floor

City

State

ZIP

TELEPHONE NUMBER

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Area Code

Number

E-Mail:

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CURRENT ELEMENTARY SCHOOL

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School Name

School Code

(if public, write "999")

GENDER (circle one)

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ELIGIBILITY

- What qualifies the student for extended testing time (check one)?
- The extended testing time accommodation is prescribed in the student's attached ISP, IEP, or 504.
- Temporary (describe) _____

- What type of documentation states the need for extended time (choose one)?
- Current IEP/ISP/504. Include only pages with extended time accommodation.
- Evaluation by a qualified medical/psychological professional.
Not older than three years.

- A copy of the documentation must be submitted with this form.**

Parent agreement:

I, the undersigned, agree that the above information is correct and that the above-mentioned student is eligible to apply for extended testing time for the 2018-2019 Cooperative Admissions Examination.

Enclosed is a copy of the documentation referred to above.

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Parent's or Legal Guardian's Signature

Date

DO NOT RETURN THIS FORM TO NJCOOPEXAM OR STS. RETURN TO ADDRESS AT TOP OF FORM.

This application for extended testing time will not be processed without accompanying documentation.

In addition to submitting this form, you must also register for the test at www.njcoopexam.org