



ORDER FORM

To register your school for the SPT program please complete this form and click the Submit button.

SCHOOL DETAILS

School Name:

Street Address:

Suburb/Town:

State: Postcode: Country:

Contact Person:

Contact Number:

Email:

Date of Order: Date of Test:

TEST DETAILS

Test	Number of Candidates	Test Type		Report Type			
		Quantitative, Verbal and Abstract Reasoning \$18 per candidate	Writing \$10 per candidate	Group report \$45 per main report		Individual report (hardcopy) \$6 per candidate	Individual report (soft copy) \$3 per candidate
				Alphabetical	Response		
Transition				Provided as the main report			
Extension							
Subject Selection							

DECLARATION

In signing this form I declare to maintain the security of the test at all times. I will not disclose the contents of the testing to any person and will not permit any test material to be copied or removed from the test centre. I will ensure that the procedures outlined in the Test Administration Instructions are followed and will return every test booklet after the test has been administered.

Name: Date: