

# CSET Test Prep Registration Form

Please fill out this form and turn in at least 10 days before start date of course.  
Submit the completed form, along with registration fee, to Cheryl Lynn de Werff at:

Solano County Office of Education  
5100 Business Center Drive  
Fairfield, CA 94534  
TEL: (707) 399-4430 FAX: (707) 863-4174

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICANT INFORMATION

Last Name	First	Middle
Street Address		
City	State	ZIP Code
Home Phone No.	E-Mail Address	
Cell Phone No.		

## EMPLOYER INFORMATION

Employer	Employer Phone No. ( )	Employer Fax No. ( )
Employer Address		
City	State	ZIP Code
Job Title		

## ACADEMIC INFORMATION

College/University Attended	
Major/Minor	
College/University Attended	
Major/Minor	
Degree	Date of Degree

# CSET Test Prep Registration Form

Subject Test Area	Subtest - Location - Dates												
<input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject English <input type="checkbox"/> Single Subject Health <input type="checkbox"/> Single Subject Math <input type="checkbox"/> Single Subject Science <input type="checkbox"/> Single Subject Social Science	<table style="width: 100%; text-align: center;"> <tr> <th colspan="4">Subtest</th> </tr> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> <td style="width: 25%;">4</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Location of Test Prep. Course: _____</p> <p>Dates of Test Prep. Course: _____</p>	Subtest				1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtest													
1	2	3	4										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

## ACADEMIC INFORMATION

**Check box if CBEST has been passed and write date passed.**

CBEST \_\_\_\_\_

**Comments or other information that might affect program placement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why are you interested in taking this course?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For credentialing questions, please contact Nancy Gunther at (707) 399-4444.**

X \_\_\_\_\_  
**Solano COE Signature** **DATE**

X \_\_\_\_\_  
**Participant Signature** **DATE**

**Note: In all instances, it is the responsibility of the examinee to take the correct test(s). All passing test scores must be used for California certification within five years of the individual's test date.**

Payment Details	
<input type="checkbox"/> Check	Amount: _____
<input type="checkbox"/> Cash	Date: _____
<input type="checkbox"/> Money Order	
Received By: _____	