

REGENTS PLEASE FILL IN DATES 200__ - 200__

PARTICIPATION/PREPRINTED ANSWER SHEET ORDER

Please *check* your present Student Management System for Your District:
 SIS _____
 WIN School _____
 PowerSchool _____
 SASI _____
 eSchool data _____
 Solstar _____
 Mac School _____

Not Supported _____
 Name of Student Management Software used _____

DISTRICT _____

REGENTS Contact _____

Signature _____

Telephone No. _____

Email address: _____

Complete the columns as they relate to the specific test entered below. Refer to the directions ordering preprinted materials.

REGENTS Test Name: _____ TEST DATE: _____

Course #	Section #	Building Name	Building Code	Grade	# of Students	Sort by Subject/ Name or Course/Name or Course/Section/Name <i>(PLEASE CIRCLE ONE)</i>	** If you request blank forms <u>only</u> , please indicate the amount on this form, as always, blanks for walk-ins will be included**	Computer Center Use Only

COMMENTS: _____