

## STRESSLESS TESTS PROGRAM®

### Test Anxiety Reduction Registration Form (Please Print)

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Session dates: indicate the date of the session you are registering for, and check whether this is for a High School or Middle School class. (Students should register for their current grade level). Confirmation will be emailed.

Session Date \_\_\_\_\_

High School \_\_\_\_\_ Middle School \_\_\_\_\_ College Plus \_\_\_\_\_

\_\_\_\_\_ Class fee: \$175.00 Includes DVD

Checks for the total amount should be made payable to the HD Foundation and mailed to Betty Caldwell at 9462 Greco Garth, Columbia MD 21045. Stressless Tests® is a program of the non-profit HD Foundation of Howard County MD.