

# 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 Barbara Berman at:

Curriculum and Instruction Department  
Contra Costa County Office of Education

77 Santa Barbara Rd.  
Pleasant Hill, CA 94523

TEL: (925) 296-1461 FAX: (925) 942-3314

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

## APPLICANT INFORMATION

Last Name	First	Middle
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Street Address

City	State	ZIP Code
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Home Phone No.	E-Mail Address
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Cell Phone No.	
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## EMPLOYER INFORMATION

Employer	Employer Phone No. ( )	Employer Fax No. ( )
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Employer Address

City	State	ZIP Code
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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 Kandi Gravenmier at (925) 942-3302.

X \_\_\_\_\_  
 Contra Costa 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: _____	