

Educational Assessment Australia

2009 REGISTRATION INFORMATION – NEW ZEALAND SCHOOLS

MD09/045

Please fill out the following form if you would like to register with Educational Assessment Australia (EAA) for the International Competitions and Assessments for Schools (ICAS) tests and you are not already on our database.
 Please fax the completed form to 0800 778 011 or send by email to info@eaa.unsw.edu.au

SCHOOL Information

School Name: _____

Mailing Address: _____
Street Address / P O BOX

Suburb/City *State/Region/Country* *Postcode*

Courier Address: _____
Street Address

Suburb/City *State/Region/ Country* *Postcode*

School Phone No: () School Fax No: ()

Email Address: _____

Web Site Address: _____

PRINCIPAL Information

Title: **Mr** **Mrs** **Miss** **Ms**

Full Name: _____
Surname *First Name* *Initial*

Contact Phone No: () Fax No: ()

Email Address: _____

SCHOOL ADMINISTRATION Contact Information

Full Name: _____
Surname *First Name* *Initial*

Administration Phone No: () Administration Fax No: ()

Email Address: _____

SCHOOL Details

Year Levels: 4 5 6 7 8 9 10 11 12 13

School Category: **PUBLIC** **CATHOLIC** **INDEPENDENT** **HOME SCHOOL**
DISTANCE EDUCATION **INTERNATIONAL** **OTHER**

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