



Jr High Alternate Exam Request Form

COMPLETE form. EMAIL completed form to gjak8academics@gmail.com. CALL to pay 269-471-6497.

Student ID Number: _____ Student Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

ALTERNATE Examination Requested

Course Name: _____ Course Number: _____

Semester: _____ Test Name: _____

PAYMENT - If emailing form, please call 269-471-6497 to make your payment. If mailing form, please mark the envelope Attn: Elementary Department and include payment.

The fee for retaking tests is \$10 per chapter test or \$30 per period test. This fee must be paid prior to the retake/alternate test being issued. If mailing form, please mark the envelope Attn: Elementary Department and include payment.

Payment Type: _____ (Debit/Credit card, check or money order)

Debit/Credit Card Number: _____ - _____ - _____

Expiration Date: _____ / _____ Security Code: _____

Name on card: _____

Cardholder phone number: _____

Signature of Cardholder _____ Date _____