

**NATIONAL ASSESSMENT PROGRAM [NAPLAN]
Literacy and Numeracy 2016**

Please return to THEAC 3 Dowling Street, Launceston 7250 **by Friday 8th April 2016,**

Child/ren:

1. Surname.....
First name.....
Date of birth Sex (please circle) (F) (M)
Test Grade (please circle) 3 5 7 9
Aboriginal/Torres Strait Islander (please tick) Yes No
Language Background (other than English)

2. Surname.....
First name.....
Date of birth Sex (please circle) (F) (M)
Test Grade (please circle) 3 5 7 9
Aboriginal/Torres Strait Islander (please tick) Yes No
Language Background (other than English)

3. Surname.....
First name.....
Date of birth Sex (please circle) (F) (M)
Test Grade (please circle) 3 5 7 9
Aboriginal/Torres Strait Islander (please tick) Yes No
Language Background (other than English)

4. Surname.....
First name.....
Date of birth Sex (please circle) (F) (M)
Test Grade (please circle) 3 5 7 9
Aboriginal/Torres Strait Islander (please tick) Yes No
Language Background (other than English)

5. Surname.....
First name.....
Date of birth Sex (please circle) (F) (M)
Test Grade (please circle) 3 5 7 9
Aboriginal/Torres Strait Islander (please tick) Yes No
Language Background (other than English)

If you have more than three children undertaking the testing, please write the relevant details on the reverse.

THEAC will pass your details onto the NAPLAN organisers.