



**Sky Mountain Charter School  
PO Box 1387  
Placerville, CA 95667**

**STAR Testing Security Form**

ES \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade level: \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

The following individual(s) have my permission to drop off/pick up my child(ren):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have a high school student that will be driving to the test site on their own, and wish to allow that student to sign in and out for themselves, Please fill out this portion.

- My child has my permission to sign him/herself in and out
- My child has my permission to sign in and out his/her sibling.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date