International Benchmark Tests

ACER

INTERNATIONAL BENCHMARK TESTS 2021

SCHOOL REGISTRATION FORM - A

Please complete all sections of this form.

SCHOOL NAME:

PRINCIPAL:

STREET ADDRESS:

CITY: COUNTRY: CURRICULUM:

SCHOOL PHONE: FAX:

EMAIL ID:

IBT COORDINATOR: MOBILE:

EMAIL ID:

Instructions : Please enter the total number of participating students in each grade.

ENGLISH		MATHEMATICS		SCIENCE	
GRADE 3 :		GRADE 3 :		GRADE 3 :	
GRADE 4 :		GRADE 4 :		GRADE 4 :	
GRADE 5 :		GRADE 5 :		GRADE 5 :	
GRADE 6 :		GRADE 6 :		GRADE 6 :	
GRADE 7 :		GRADE 7 :		GRADE 7 :	
GRADE 8 :		GRADE 8 :		GRADE 8 :	
GRADE 9 :		GRADE 9 :		GRADE 9 :	
GRADE 10 :		GRADE 10 :		GRADE 10 :	
TOTAL :	0	**TOTAL :**	0	**TOTAL :**	0

TOTAL REGISTRATION :	0
TOTAL AMOUNT (Please enter the total amount from the Student List) :	
Less 10% discount for Test Administration :	0.00
NET AMOUNT PAYABLE :	0.00

Date:

Please save the file before closing - go to the File menu, click "Save As", enter your School Name as part of the file name.