



**3 - 5 Grade Family  
Testing Night  
Wednesday, April 24  
5:00pm - 6:30pm  
Cafeteria  
Chilli dinner**



**Help your child prepare for their SBA test and take  
your own practice test**



**For an accurate headcount, please turn in your form or submit a form online  
Please fill out one form per family!**

**Yes, we will be attending**

\_\_\_\_ # of Adults    \_\_\_\_ # of Children

**No, we will not be attending**

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_