



**REGISTRATION FORM
PARAPRO PRAXIS ASSESSMENT**

PLEASE PRINT

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

TEST INFORMATION

Assignment of a test date will be on a first come, first served basis.
There are a maximum of 4 seats available for each session.

Test Center Location: 8 Bartles Corner Road, Suite 205, Flemington (908-237-5000)
Test Session: 9:30 a.m.-1:00 p.m.

PLEASE SELECT A TEST DATE

<input type="checkbox"/> Friday, July 19, 2024	<input type="checkbox"/> Friday, October 18, 2024
<input type="checkbox"/> Friday, August 30, 2024	<input type="checkbox"/> Friday, November 22, 2024
<input type="checkbox"/> Friday, September 20, 2024	<input type="checkbox"/> Friday, December 20, 2024

PAYMENT INFORMATION

Please mail a check or money order for \$100.00 to:

Hunterdon County Educational Services Commission
Laurie Browne
37 Hoffmans Crossing Rd.
Califon, NJ 07830

If you have any questions regarding payment, please call 908-439-4280, extension 4513

Office use: Date received: _____ Initials: _____