JOHNS HOPKINS
UNIVERSITY
Center for Talented Youth

Diagnostic & Counseling Center SCAT Registration Form

Student's Name _____ Birth date ____/___/_____
Last First M.I.

Address_____
Street

_____
City State Zip

Home Phone_____ Age _____ Gender _____ Grade in fall ***2009***_____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

E-mail address _____ Today's Date: ___/___/_____

Please check one of the following:

____ My child has scored at or above the 95th percentile on one or more sections of a nationally normed test.

____ My child has scored at an advanced level on a state achievement test.

____ My child does not have standardized test scores, but I believe his/her abilities are in the top five percent of grade peers.

Return this form along with a $35 registration fee (made out to CTY/JHU) to:

Johns Hopkins University
Center for Talented Youth
PO Box 64459
Baltimore, MD 21264

After we process this form, you will receive further information by mail detailing how to register for the SCAT with a Prometric Test Center. A list of test center locations can be found at http://www.prometric.com/JHUCTY/default.htm. The SCAT test fee, which is paid to Prometric at the time of registration, is $50.

If you have questions, please call the Diagnostic and Counseling Center at (410)735-6238.