



## Wade Hampton High School

The School District of Greenville County

Dear Parents and Guardians,

Your 10th grade student has the opportunity to take the PSAT/NMSQT test in October 2021. In compliance with Proviso 1A.17 and as mandated in Section 59-18-340 of the Education Accountability Act, the test is administered to assess and identify curricular areas that need to be strengthened and reinforced. According to the law, schools shall use the assessment as a diagnostic tool to provide academic assistance to students whose scores reflect the need for such assistance. Schools will use the results of the assessment to provide guidance and direction for parents and students as they plan for postsecondary experiences. While students are not required to participate, schools are required to offer this testing opportunity to all enrolled 2nd year students (in-person and GCS Virtual Program).

The PSAT/NMSQT test is provided at no cost to you and is administered during the school day on **October 13, 2021**. Students enrolled in the GCS Virtual Program provide their own transportation.

You may explore the link below to learn more about the PSAT/NMSQT test. Should you have any questions about the test, please contact your school counselor.

- PSAT/NMSQT Parent Information: <https://collegereadiness.collegeboard.org/psat-nmsqt-psat-10>



Please **check one** of the boxes below so a test can be ordered, as needed. Please **sign and return** this form to the school office by **4:00 p.m. on September 13** to be included in testing. Late registrations will not be accepted.

- ☐ I choose for my child to take the PSAT/NMSQT.
- ☐ I **do not** want my child to take the PSAT/NMSQT.

Parents of students with IEPs or 504 Accommodations Plans should contact their child's case manager to discuss accommodations concerns. Many schools have already assisted with the application for accommodations as previously requested by guardians. If accommodations are desired, the deadline to apply set by the outside vendor was August 24th, and any requests after this date may or may not receive a response or be approved prior to fall testing.

Dr. Carlos Grant, Principal

Student's Name (Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_