



**PRINT, COMPLETE, and BRING**  
**TO STUDENT SERVICES BY 2:00PM**  
**OCTOBER 4, 2017**  
**WITH PAYMENT**  
**-Sooner if possible-**

The student identified below wishes to take the **PSAT** on October 11, 2017 (morning) at Land O' Lakes High School. The fee of \$18 is enclosed. If paying by check, make out the check to Land O' Lakes High School and write the student's name and ID number on the memo line. Note: Examination fee is *not* refundable.

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Grade (Circle One)            9                                    11

English Teacher Name \_\_\_\_\_

English Class Period \_\_\_\_\_

Lunch (Circle One)            A                                    B                                    C

Parent/Guardian Phone    (\_\_\_\_\_) \_\_\_\_\_

Enclosed is                    \_\_\_\_\_ CHECK # \_\_\_\_\_ for \$18

\_\_\_\_\_ CASH \$18