

Glendale Preparatory Academy

Fall 2010 AIMS High School

Student Name: _____

Grade/Section: _____

I would like my student to take the; (please check)

_____ AIMS HS Writing, *October 26th*

_____ AIMS HS Reading, *October 27th*

_____ AIMS HS Mathematics, *October 28th*

Parent Name (please print)

Parent Signature

Date

Return this form to Ms. Dinshaw by Friday October 1, 2010