



Subject \_\_\_\_\_ Book Name \_\_\_\_\_ Lesson# \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Check Box If Address Change

*Important Instructions*

- Use Black Pen or #2 Pencil **ONLY!** Write Clear and Dark.
- Mark **T FOR TRUE** and **F FOR FALSE**. Not all questions are T or F.
- ALL answers will be a letter or T (True) or F (False).
- Make **NO** stray marks on page.
- Completely erase all old marks when making changes.
- Return in pre-addressed envelope.

1	_____	16	_____	31	_____	46	_____
2	_____	17	_____	32	_____	47	_____
3	_____	18	_____	33	_____	48	_____
4	_____	19	_____	34	_____	49	_____
5	_____	20	_____	35	_____	50	_____
6	_____	21	_____	36	_____	51	_____
7	_____	22	_____	37	_____	52	_____
8	_____	23	_____	38	_____	53	_____
9	_____	24	_____	39	_____	54	_____
10	_____	25	_____	40	_____	55	_____
11	_____	26	_____	41	_____	56	_____
12	_____	27	_____	42	_____	57	_____
13	_____	28	_____	43	_____	58	_____
14	_____	29	_____	44	_____	59	_____
15	_____	30	_____	45	_____	60	_____

**EXAMINATION CERTIFICATION**

By signing this form, I guarantee that I have completed the following exam without the help or assistance from anyone other than my First Coast Academy instructor.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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