**Gary S. McCulloch ED.S**

Chief Executive Officer

gmcculloch@bridgesprep.org

**Dr. Deborah Moore**

Principal K-5

dmoore@bridgesprep.org

**John Kabel**

Principal 9-12

jkabel@bridgesprep.org

**Latoya Scott**

Principal 6-8

lscott@bridgesprep.org

~Providing students equal access to a high-quality K-12 education that maximizes academic excellence and strength of character in a student-centered learning environment~

Bridges Preparatory School ~ 555 Robert Smalls Pkwy. ~ Beaufort, SC 29906

Phone: (843) 982-7737 ~ Fax: (843*) 982-7707*

**Parent Consent Form**

**College Entrance Assessments**

**10th Grade – PSAT/pre-ACT/Aspire**

September 17, 2020

Dear Parents or Guardians,

Your 10th grade student has the opportunity to take the PSAT, pre-ACT® or Aspire tests one time at no cost, paid for by the state. Mandated in Section 59-18-340 of the Education Accountability Act, these tests are administered to assess and identify curricular areas that need to be strengthened and reinforced. According to the law, schools and districts shall use these assessments as diagnostic tools to provide academic assistance to students whose scores reflect the need for such assistance. Schools and districts will use these assessments to provide guidance and direction for parents and students as they plan for postsecondary experiences.

Taking one of these tests is optional. Students or guardians may choose to take one of these tests of not take one of the tests. These tests will be administered during the school day.

If you feel your student is prepared and want your 10th grader to take the test(s) offered by the district at no charge, please place a check mark in the box beside your choice and return this form to your student’s school. If you do not want your 10th grader to take either exam, please place a check mark in the third box.

| **Check Only One** | **College Entrance Assessments** |
| --- | --- |
|  | I want my son/daughter to take the PSAT, the pre-ACT or the Aspire test for free. |
|  | We are not interested in participating in one of these tests at this time.  |

Student Name (**PLEASE Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to your child’s high school by September 24, 2020