

## LEAP 2025 Assessments Participation Form for Nonpublic School Students

Complete this form (one per school system) to acknowledge participation and payment for the LEAP 2025 assessments for TDC Program students, and/or nonscholarship/nonpublic school students at public or nonpublic schools. The cost per student/content area is \$35. Sites will be invoiced via email the month following testing and payment will be due to Data Recognition Corporation (DRC) within 10 days of invoice receipt.

School System Name: \_\_\_\_\_ School System Code: \_\_\_\_\_

| Participation                                                                                                                          | Responsible for Payment | Total Number of Testers: | Total Cost (\$35 X # of Students X content area(s) tested): |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|-------------------------------------------------------------|
| TDC Program students at nonpublic schools required to test ELA and/or mathematics.                                                     | Sponsor/STO             |                          |                                                             |
| TDC Program students at nonpublic schools testing science and/or social studies (content areas are not covered under the TDC Program). | School System           |                          |                                                             |
| Nonscholarship students testing any content area at nonpublic schools.                                                                 | School System           |                          |                                                             |
| Nonpublic students testing any content areas at public schools.                                                                        | School System           |                          |                                                             |

District Test Coordinator Name: \_\_\_\_\_

District Test Coordinator Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**STO/Sponsor Contact Information** (for invoicing TDC Program ELA and mathematics tests):

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return this form to DRC ([LAHelpDesk@datarecognitioncorp.com](mailto:LAHelpDesk@datarecognitioncorp.com)) by the end of the testing window. Student reports will not be released without this acknowledgement form submitted to DRC.**

Please note that schools or school systems who have an outstanding balance with DRC from any prior administration will not be permitted to test nonpublic school/nonscholarship students.