



*** For new consortium member schools only.

FAX: 206-654-4651 Catholic Schools Department

**Archdiocese of Seattle/Riverside Company
ITBS/iRM Testing Commitment 2012**

By signing below you are indicating that your school would like to join and participate in the Archdiocese of Seattle/Riverside Company consortium to provide ITBS/iRM Testing in the fall testing window. It also indicates that you have read and that you understand the procedures and the financial obligations of this project.

Name of School: _____

Name of Principal: _____

Phone: _____ Email: _____

Principal's Signature: _____

Date Signed: _____

Thank you!

Testing Coordinator:

Name: _____ Email: _____

Data Team Members:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____