



DUAL ENROLLMENT TESTING REFERRAL FORM

PLEASE Student Name _____
PRINT FVS Student ID# _____
PICTURE I.D. REQUIRED IN ORDER TO TEST

Please indicate area(s) of the Postsecondary Education Readiness Test (PERT) student is being referred to take:

ENGLISH _____ READING _____ MATH _____

***Please bring this form along with your receipt from the cashier's office as proof of the \$15.00 fee payment.

Guidance Counselor:

Print: _____ Signature: _____ Date _____

High School: ___ Florida Virtual School _____

Testing Fee is \$15.00 (non-refundable). Please pay at the cashier's office.



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