ctc School/Group list

District Name:	Please check the appropriate box:
School Name:	CAT4 CAT3
Contact Person:	Insight CTCS
Address:	Other (please specify)
Town/Province:	Please return completed test documents to:
Postal Code:	CTC/Canadian Test Centre 100 Leek Crescent, Unit 10
Telephone:	Richmond Hill, ON L4B 3E6
Testing Completed:	Tel: 905-513-6636 Email: info@canadiantestcentre.com

Teacher Name (or Group Designation)	Grade	Test Level	# of Students Tested	Comments
Total				
CTC use only.			Order Number	
				School Number