



**REGISTRATION FORM  
PARAPRO PRAXIS ASSESSMENT**

**PLEASE PRINT**

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

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**TEST INFORMATION**

Assignment of a test date will be on a first come, first served basis.  
There are a maximum of 4 seats available for each session.

**Test Center Location: 8 Bartles Corner Road, Suite 205, Flemington (908-237-5000)**

**Test Session: 9:30 a.m.-1:00 p.m.**

**PLEASE SELECT A TEST DATE**

<input type="checkbox"/> Friday, Jan 26, 2024	<input type="checkbox"/> Friday, April 19, 2024
<input type="checkbox"/> Friday, Feb 23, 2024	<input type="checkbox"/> Friday, May 17, 2024
<input type="checkbox"/> Friday, March 22, 2024	<input type="checkbox"/> Friday, June 14, 2024

**PAYMENT INFORMATION**

**Please mail a check or money order for \$100.00 to:**

Hunterdon County Educational Services Commission  
Laurie Browne  
37 Hoffmans Crossing Rd.  
Califon, NJ 07830

**If you have any questions regarding payment, please call 908-439-4280, extension 4513**

Office use: Date received: \_\_\_\_\_ Initials: \_\_\_\_\_