




## 2019-2020 CTY- Administered SCAT Testing

Category of Student	Link to CTY-Administered Testing
New to CTY	<a href="http://cty.jhu.edu/mytalentsearchnew">http://cty.jhu.edu/mytalentsearchnew</a>
CTY student who has not yet registered for 2019-2020 Talent Search	<a href="http://cty.jhu.edu/mytalentsearch">http://cty.jhu.edu/mytalentsearch</a> (Please log in as a Parent)
CTY student who has already registered for 2019-2020 Talent Search	<a href="http://cty.jhu.edu/mytest">http://cty.jhu.edu/mytest</a> (Please log in as a Parent)



## 2019-2020 CTY- Administered SCAT Testing

1. If you are new to CTY, please click "Apply".



JOHNS HOPKINS  
CENTER for TALENTED YOUTH

Step 1: Student and Parent Details

1 2 3

Center for Talented Youth  
Talent Search Application


Apply

Exit to CTY Home



## 2019-2020 CTY- Administered SCAT Testing

2. Fill in the parent or guardian details.



JOHNS HOPKINS  
CENTER for TALENTED YOUTH

Step 1: Student and Parent Details

1 2 3

Center for Talented Youth  
Talent Search Application

Parent or Guardian Information

Parent 1 / Guardian Information

Full Name: 

Sal. First Last / Surname

Cell Phone:

Email:

Relationship to student: 

Select Relationship

 (optional)

Parent 2 / Guardian Information

Full Name: 

Sal. First Last / Surname

Cell Phone:

Email:

Relationship to student: 

Select Relationship

 (optional)Annual Income in U.S. dollars: 

Select Income Group



## 2019-2020 CTY- Administered SCAT Testing

3. Fill in the student details.  
Choose US grades from 2 to 12 (years 3 to 13 in 13-year schools).

### Student Information

Legal Name:	<input type="text"/>	<input type="text"/>
	First	M.I. Last / Surname
Preferred First Name:	<input type="text"/>	
	Preferred First	
Date of Birth:	<input type="text"/>	<input type="text"/>
	Month	Day Year
Gender:	<input type="radio"/> Male <input type="radio"/> Female	
Address:	<input type="text"/>	
	Address Line 2	
	City	State / Province / Region
	<input type="text"/>	Select State
	Postal / Zip Code	Country
	<input type="text"/> - <input type="text"/>	United States
Home Phone w/ area code:	<input type="text"/>	
CTY Student ID:	<input type="text"/>	
US Grade or <a href="#">Equivalent</a> :	Select Grade	
Ethnic Origin:	How would you describe yourself?	(optional)

Please enter your primary email address which CTY will use to communicate with you. **Note:** Application and payment confirmations will be sent to this email address.

Confirm Email:

Continue

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## 2019-2020 CTY- Administered SCAT Testing

### 4. Fill in the school information



### Center for Talented Youth Talent Search Application

#### School Information

To help us identify your child's school in our database, please enter any information in the form below. Please fill out at least one of the following fields. If your child's school is not appearing in the list, please leave the "City" field blank.

**Note:** Spellings and abbreviations for school names and cities vary.

Country:

State:

City:

Zip (searches first 3 digits):

Name or partial name of school:

Please select your child's school:



## 2019-2020 CTY- Administered SCAT Testing

5. Fill in the test registration code **38038**. Read and agree to CTY's privacy policy by typing your name in the space provided.

### CTY-Administered Testing

This section applies only to students who have been invited to take CTY's SCAT test by paper and pencil through special local arrangements. Students eligible to participate in one of these test sessions have been provided with a test registration code.

Please enter that code here. Otherwise, please skip this section. **38038**

### Consent

You **MUST** read all of the terms. Once you have read them, you will be able to click the box, "I have read and understand the above terms," and continue with your signature.

#### Talent Search Participant Consent



I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ and that I have the legal authority to make decisions for this student.

I am voluntarily signing up this student for the program and recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall participants while being involved with any program. I agree to release and indemnify, defend and hold harmless Johns Hopkins University and its officers, employees and agents from any

☐ I have read and understand the Talent Search Applicant consent.

#### Parent/Guardian Electronic Signature

By typing your name in the space below, you indicate that you have read and agree to the above terms. You must type your name exactly as you entered it earlier in the application. ( \_\_\_\_\_ ).

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## 2019-2020 CTY- Administered SCAT Testing

6. Please review the registration information and print a copy of this page for your record.



JOHNS HOPKINS  
CENTER *for* TALENTED YOUTH

Step 1: Student and Parent Details

1 2 3

### Center for Talented Youth Talent Search Application

#### Review

Please review your registration information below and print a copy of this page for your records.

Print

#### Parent/Guardian Information

##### Parent 1 / Guardian

Full Name:

Cell Phone Number:

Email:

Relationship:

##### Parent 2 / Guardian

Full Name:

Cell Phone Number:

Email:

Relationship:

#### Annual Income Group:

Annual Income Group:

#### Student Information

Student ID:

Name:

Gender:

Grade:

Date of Birth:

Address:

Home Phone:

#### School and Information

School:

#### CTY-Administered Testing

Registered for CTY-administered testing, details as below...

Name of the Event:

Date and Time of the Event:

Venue and Meeting Room:

Address:

Coordinator details:

Special Instructions:



## 2019-2020 CTY- Administered SCAT Testing

### Talent Search Participant Consent

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I, the undersigned, certify that I am the parent or legal guardian of

and that I have the legal authority to make decisions for my child.

I give permission for my child to participate in the Johns Hopkins Center for Talented Youth ("CTY") Talent Search, including the application and testing process and any recognition ceremony to which my child is invited. I agree to indemnify and hold harmless the Johns Hopkins University, the Johns Hopkins Center for Talented Youth, and their officers, faculty, staff, and volunteers (collectively, the "Johns Hopkins University Parties") from liability that is not a direct cause of Johns Hopkins University, including but not limited to the undersigned's negligent acts and/or omissions, and those of his or her child or children, delays, inconveniences, injuries, or death, or for the loss of or damage to the undersigned or his or her child or children's personal property, or for the loss or damage of any other persons' personal property for which he or she or his or her child or children are the cause, however occurring during this CTY program or relating to this CTY program.

I agree that this Talent Search Participant Consent is to be construed in accordance with the laws of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I also agree that the exclusive jurisdiction for any dispute arising from or related to my child's participation in CTY Talent Search or this Talent Search Participant Consent shall be the state or federal courts located within the State of Maryland.

I agree that my child will follow all rules and guidelines for student conduct, including CTY's Honor Code. I acknowledge that CTY reserves the right to ask my child to leave or revoke participation in Talent Search for disciplinary, or any other reasons. If CTY requires my child to leave the Talent Search for disciplinary reasons, I understand that CTY will not refund any payments or application costs, and that CTY may not permit my child to participate in Talent Search.

Parents may request that score reports not be sent to the student's school. Requests can be sent to [ctytalentsearch@jhu.edu](mailto:ctytalentsearch@jhu.edu).

CTY may photograph participants in Talent Search, to be used only by CTY to further the purpose of its educational mission and for future promotional materials.

I, the undersigned, give permission for CTY to use photography taken during the Talent Search program of me and my child or children to further the purpose of its' educational mission and for future promotional materials. I understand that CTY will use these photographs to further the purpose of its' educational mission and for promotional purposes. I understand that there is no compensation provided for CTY's use of these photographs, and that all images are the property of CTY.

I give permission for CTY to survey or solicit feedback from my child that CTY deems necessary to evaluate the effectiveness of CTY Talent Search. I understand that CTY owns all data generated from CTY Talent Search and may use it for internal institutional research or for research consistent with the university's mission. To the extent that I receive from CTY any personally identifiable information (such as videos, photographs, names, addresses, or school names) of participants in CTY Talent Search other than my child, I understand that I am not permitted to further disclose such information.

I have read and agree to CTY's [Privacy Policy](#).





## 2019-2020 CTY- Administered SCAT Testing

7. Choose the payment method.

Enter discount code in the box below. *(optional)*

Apply Code

**Please Note:** Only one code may be applied to a single application.

### Charges Applicable

*TALENT SEARCH FEE GRADES 2-8	\$58.00
	\$100.00
<b>Total:</b>	<b>\$158.00</b>

\* The Talent Search fee is **non-refundable**.

### Application Confirmation

Confirming emails are sent to the email address provided in this application. If you are using SPAM filters, please put the "jhu.edu" domain on your safe list so confirmations do not get filtered out as spam. Set parental controls to accept email from the "jhu.edu" domain.

**Please contact CTY if you do not receive an electronic confirmation.**



Pay by Checking Account

Pay by Credit Card

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You will be leaving this site to enter your payment information.



## 2019-2020 CTY- Administered SCAT Testing

8. Make payment and checkout.



### Credit Card Payment

**Amount To Be Paid: \$ 158.00**

Card Type: \*

Please Select A Card Type



Card Number: \*

Expiration Date: \*

MM MM YYYY YYYY

Card Verification Number: \*

[\[What Is This?\]](#)

Card Holder First Name: \*

Card Holder Last Name: \*

Country: \*

☒ United States ☐ International

Zip Code: \*

00000000

\* Required Fields

Process

Cancel