

**Parental Permission for PSAT/NMSQT Administration
2024-25 School Year**

_____ School District/Private School/Association has my
permission to administer the PSAT/NMSQT to my son/daughter who is participating in the
South Carolina Junior Scholars Identification and Development Program.

Signature of Parent or Legal Guardian _____

Student Name _____

Street Address _____

City _____

State _____

Zip Code _____

This form must be retained in the school's office.