BARBERS HILL
Independent School District

Credit by Exam

For Acceleration

Registration Form (Grades K – 8)

Select a session below and return the completed form to your child's campus by the registration due date listed for the testing session. ***Late registration will not be accepted.***

		Test Session Date	Deadline for Registration
☐	Session 1:	**October 10, 2023 (Tuesday)**	**September 15, 2023 at 3:00 p.m.**
☐	Session 2:	**February 19, 2024 (Monday)**	**January 19, 2024 at 3:00 p.m.**
☐	Session 3:	**June 5 – 6, 2024 (Wednesday – Thursday)**	**May 3, 2024 at 3:00 p.m.**
☐	Session 4:	**August 6, 2024 (Tuesday)**	**June 6, 2024 at 3:00 p.m.**

Student Information

All information is required. If any information is left blank, no tests will be ordered.

Student Name: _____ (Last Name) _____ (First Name) _____ (M.I.) _____ (Current Grade)

Date of Birth: _____ **Home Phone:** _____

Home Address: _____ **Cell Phone:** _____

Apartment #: _____ **City/State/Zip:** _____

Current Campus:

☐ **Early Childhood Center** ☐ **Elementary School – North** ☐ **Elementary School – South**
☐ **Intermediate School – North** ☐ **Intermediate School – South**
☐ **Middle School – North** ☐ **Middle School – South**

Directions:

- Select the grade and subject below for which you are registering and include a deposit of $25 per test.
- All grade levels include four 3-hour subject level exams in Reading/Language Arts, Math, Science, and Social Studies. Two tests may be taken each testing day.

Grade:
☐ **Grade K** ☐ **Grade 1** ☐ **Grade 2** ☐ **Grade 3**
☐ **Grade 4** ☐ **Grade 5** ☐ **Grade 6** ☐ **Grade 7** ☐ **Grade 8**

Subject:
☐ **Reading/Language Arts** ☐ **Math** ☐ **Science** ☐ **Social Studies**

By signing this form, I attest that I have read and understand the Credit by Exam web page on the Barbers Hill ISD website and I am aware of the exam time limits, the 80% passing score requirement, that the test is administered on specific dates, times, and locations, which may not be at my child's home campus, that I will provide transportation to and from the test site, that I must supervise my child between daily testing sessions, that my child has had no prior instruction in the course(s) for which I selected above, and that I approve my child's acceleration if the required score(s) is/are achieved.

I understand that I will be refunded my deposit after my child completes all four grade level exams.

_____ Signature of Parent/Guardian _____ Printed Name of Parent/Guardian _____ Date

Office Use Only:

Completed Registration Form and Required Deposit Received by:

_____ Campus Counselor _____ Date

Student is recommended for acceleration.

_____ Campus Principal _____ Date