



Credit by Exam

For Acceleration

Registration Form (Grades 9 – 12)

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

- | | |
|--|--|
| <input type="checkbox"/> Session 1: October 10, 2023 (Tuesday) | September 15, 2023 at 3:00 p.m. |
| <input type="checkbox"/> Session 2: February 19, 2024 (Monday) | January 19, 2024 at 3:00 p.m. |
| <input type="checkbox"/> Session 3: June 5 – 6, 2024 (Wednesday – Thursday) | May 3, 2024 at 3:00 p.m. |
| <input type="checkbox"/> 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:

- Middle School – North
 Middle School – South
 High School

SUBJECT/SEMESTER

- | | |
|---|---|
| <input type="checkbox"/> English III: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> IPC: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B |
| <input type="checkbox"/> English IV: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> Chemistry: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B |
| <input type="checkbox"/> Languages Other Than English: _____
<input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> Physics: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B |
| <input type="checkbox"/> Geometry: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> World Geography: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B |
| <input type="checkbox"/> Math Models: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> World History: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B |
| <input type="checkbox"/> Algebra II: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> U. S. Government (1 semester course) |
| <input type="checkbox"/> Pre-Calculus: <input type="checkbox"/> Semester A <input type="checkbox"/> Semester B | <input type="checkbox"/> Economics (1 semester course) |

Attestation

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 exams for which he/she is registered.

 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.