MOORE Public Schools
LEARNING FOR LIFE

APPLICATION TO DEMONSTRATE PROFICIENCY

Today's Date _____

Student's Name _____

Parent's/Guardian's Name _____

Address _____ _____ _____
(Street Address) (City) (Zip Code)

Home Phone _____ Work or Cell Phone _____

Student's Birthdate _____

Current School Attending _____ Current Grade Level _____

Previous School Attended
_____

Grade or Course in which student wishes to demonstrate proficiency _____

_____

Briefly explain why you wish to demonstrate proficiency in this grade or course. _____

_____

_____

I UNDERSTAND THAT A SCORE OF 90% OR BETTER IS REQUIRED ON THE TEST(S) IN ORDER TO DEMONSTRATE PROFICIENCY.

This form was completed by _____
Please print name and indicate whether student or parent/guardian.

Parent/Guardian Signature _____

APPLICATION MUST BE RECEIVED BY DISTRICT 30 DAYS PRIOR TO TESTING DATE.

FOR SCHOOL USE ONLY

This application has been reviewed by:

Principal _____ Counselor _____

PLEASE ATTACH A COPY OF THE STUDENT'S TRANSCRIPT OR CUMULATIVE GRADE RECORD.

SEND ALL APPLICATIONS TO DEMONSTRATE PROFICIENCY TO THE OFFICE OF THE DISTRICT GIFTED EDUCATION COORDINATOR AT THE ADMINISTRATIVE SERVICES CENTER.

Date received by Coordinator's Office _____

Revised 3/30/11