

LENAPE REGIONAL HIGH SCHOOL DISTRICT

Proof of Proficiency or Credit for Courses Taken Prior to Grade 9 Request Form

Date of this Request: _____ High School: _____

Next Grade: 9 10 11 12

Student Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Cell Phone Number: _____

List all assessments in which the student is requesting Proof of Proficiency Credit

Course Name	Level HON, ACC	Site of Test	Date of Test

I request that my child participate in the Option Two Proficiency Program for the course(s) listed above.

Parent/Guardian signature: _____

Send this application directly to your high school to the attention of "Option Two."

*This box is for office use only. Please do not write in this box.***Counseling Center to confirm the following:**_____ Eligible to take assessment (*for example: If honors, was student invited?*)This agreement was: **Approved** _____**Rejected** _____ **Reason:** _____**Principal or Designee Signature:** _____ **Date:** _____

Copy to Coordinator/Supervisor