

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 or ACC	Site of Test	Date of Test

I request that my child participate in the Option Two Proficiency Program for the courses(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:

This agreement was: *Approved* _____
Rejected _____ Reason: _____

Principal or Designee Signature: _____ Date: _____

Copy to Coordinator/Supervisor