



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.**

<u>Test Session Date</u>	<u>Deadline for Registration</u>
<input type="checkbox"/> Session 1: October 15, 2024 (Tuesday)	September 13, 2024 at 3:00 p.m.
<input type="checkbox"/> Session 2: February 17, 2025 (Monday)	January 17, 2025 at 3:00 p.m.
<input type="checkbox"/> Session 3: June 4 – 5, 2025 (Wednesday – Thursday)	May 2, 2025 at 3:00 p.m.
<input type="checkbox"/> Session 4: August 5, 2025 (Tuesday)	June 5, 2025 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: _____

Early Childhood Center
 Elementary School – North
 Elementary School – South

Current Campus:
 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 \$30 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