



# 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: <b>October 15, 2024 (Tuesday)</b>              | <b>September 13, 2024 at 3:00 p.m.</b> |
| <input type="checkbox"/> | Session 2: <b>February 17, 2025 (Monday)</b>              | <b>January 17, 2025 at 3:00 p.m.</b>   |
| <input type="checkbox"/> | Session 3: <b>June 4 – 5, 2025 (Wednesday – Thursday)</b> | <b>May 2, 2025 at 3:00 p.m.</b>        |
| <input type="checkbox"/> | Session 4: <b>August 5, 2025 (Tuesday)</b>                | <b>June 5, 2025 at 3:00 p.m.</b>       |

### 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: _____<br><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)  |

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 (\$30 per test) after my child completes all registered 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.