

SANTA FE INDEPENDENT SCHOOL DISTRICT



4133 WARPETH ~ P.O. BOX 370
SANTA FE, TEXAS 77510-0370

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www.sfsd.org

Kevin Bott, Ed.D.
Superintendent of Schools



Credit by Exam (without prior instruction)
Registration Form Testing Window: _____

The completed form must be returned to your Campus Counselor by 3:00 P.M. on the date posted on the district website.

Please print or type the information below:

Student's Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Parent's Name: _____ Home Phone (____) ____ - ____

Home Address: _____ City _____ Zip Code _____

Campus of Current Enrollment: _____

Grade Level of 2025-2026 Enrollment: _____

List the grade level test(s) or course name test(s) for which you are registering:

Counselor/Principal Approval: _____ Date: ____/____/____

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Date: ____/____/____

An Equal Opportunity Employer