



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

- | | |
|--|--|
| ☐ Session 1: October 13, 2026 (Tuesday) | September 11, 2026 at 3:00 p.m. |
| ☐ Session 2: February 15, 2027 (Monday) | January 15, 2027 at 3:00 p.m. |
| ☐ Session 3: June 2 – 3, 2027 (Wednesday – Thursday) | April 30, 2027 at 3:00 p.m. |
| ☐ Session 4: August 3, 2027 (Tuesday) | June 3, 2027 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: _____

Current Campus: ☐ Middle School – North ☐ Middle School – South ☐ High School

SUBJECT/SEMESTER

- | | |
|--|---|
| ☐ English III: ☐ Semester A ☐ Semester B | ☐ IPC: ☐ Semester A ☐ Semester B |
| ☐ English IV: ☐ Semester A ☐ Semester B | ☐ Chemistry: ☐ Semester A ☐ Semester B |
| ☐ Languages Other Than English: ☐ Semester A ☐ Semester B | ☐ Physics: ☐ Semester A ☐ Semester B |
| ☐ Geometry: ☐ Semester A ☐ Semester B | ☐ World Geography: ☐ Semester A ☐ Semester B |
| ☐ Math Models: ☐ Semester A ☐ Semester B | ☐ World History: ☐ Semester A ☐ Semester B |
| ☐ Algebra II: ☐ Semester A ☐ Semester B | ☐ U. S. Government (1 semester course) |
| ☐ Pre-Calculus: ☐ Semester A ☐ Semester B | ☐ 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.