SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

CREDIT BY EXAMINATION APPLICATION FORM - GRADES 6-12

Credit by Examination WITHOUT PRIOR INSTRUCTION

PLEASE PRINT

Campus Principal _____ **Campus** _____

Name _____ **Age** _____ **Grade** _____
Last First

School ID # _____ **SS#** _____ **Birthdate** _____

Physical Address _____ **City/State/Zip** _____

Mailing Address _____ **City/State/Zip** _____

Telephone(s): Home ( ) _____ **Work** ( ) _____

STUDENTS CAN ONLY TEST FOR A GRADE/COURSE IN WHICH THEY HAVE **NOT** HAD PRIOR INSTRUCTION

(I understand that my child must meet the requirements of 19 TAC Chapter 74.24 to be accelerated. I also understand that I will be informed of all test results and that, for the purpose of test security, I may not review the tests.)

Junior High & Secondary (6-12)

_____Grade 6 English/Language Arts 6A & 6B, Mathematics 6A & 6B
Social Studies 6A & 6B, Science 6A & 6B

_____Grade 7 English/Language Arts 7A & 7B, Reading 7A & 7B
Mathematics 7A & 7B, Texas History/Geography 7A & 7
Science 7A & 7B

_____Grade 8 English/Language Arts 8A & 8B, Mathematics 8A & 8B
Science 8A & 8B

Grades 9-12: List the course titles that are requested for credit by examination for acceleration:

_____(9) grade/course title _____ _____(11) grade/course title _____

_____(10) grade/course title _____ _____(12) grade/course title _____

☐ Yes, I grant permission for accelerated testing through the Curriculum & Instruction Department. This form **must be signed**. A letter will be sent indicating the test date(s); if you do not receive it, it is your responsibility to call and inquire as to the date.

_____ _____
Parent/Guardian Signature Date

Registration Deadline:	**Test Date:**
_____ **October 30, 2026**	_____ **November 14, 2026**
_____ **January 29, 2027**	_____ **March 6, 2027**
_____ **April 30, 2027**	_____ **June 8-10, 2027**
_____ **May 28, 2027**	_____ **July 20, 2027**

FOR SCHOOL USE ONLY

_____I certify that the student has not been enrolled, previously or currently, for formal instruction in the course/grade level.

Counselor Signature **Date**

_____I concur with the recommendation for the student to earn credit by examination for the subject/grade specified.

_____ _____
Campus Principal Signature **Date**