

REGISTRATION FOR CREDIT BY EXAMINATION WITHOUT PRIOR INSTRUCTION

The completed form must be returned to the campus principal no later than 30 days prior to the scheduled testing date for which the student is registering.

**(Please print.)**

Student's name:

\_\_\_\_\_

Student's age (if registering for an examination for kindergarten acceleration): \_\_\_\_\_

Home address:

\_\_\_\_\_

City, state, and ZIP code:

\_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current grade level: \_\_\_\_\_ Campus: \_\_\_\_\_

Grade-level or course name for which you are requesting a test:

\_\_\_\_\_

\_\_\_\_\_

Test date for which the student is registering: \_\_\_\_\_

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**If student is requesting an alternative examination or an alternative date, complete the following:**

Alternative test date: \_\_\_\_\_ (please provide date)

Alternative examination from:

Texas Tech University       University of Texas at Austin

By signing below, I, the parent of \_\_\_\_\_ (student's name), understand that I am responsible for the cost of the alternative examination.

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By signing this form, I attest that:

1. \_\_\_\_\_ (student's name) has not received prior instruction in the course or grade for which I am requesting a test;

ALTERNATIVE METHODS FOR EARNING CREDIT  
CREDIT BY EXAMINATION WITHOUT PRIOR INSTRUCTION

EHDC  
(EXHIBIT)

2. I have read the information the District has provided to me regarding examinations for acceleration;
3. I understand that the District will not provide transportation to the testing site, which might be outside of the District; and
4. I approve of my child's acceleration or receipt of credit if he or she meets the passing standard *(if applicable)*.

Student signature (if student is 18 or older): \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

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***For office use only (if student is requesting an alternative examination or an alternative date):***

Approved                       Denied

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_