

**ALIEF INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR CREDIT BY EXAMINATION WITHOUT PRIOR INSTRUCTION**

Application for: **March 4, 2017**

Date _____

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Student's Last Name	First Name	Date of Birth	Student ID #		
<hr/>					
Address: Street	Apt.	City	State	Zip Code	Telephone Number
<hr/>					
Current school	Current Grade	Course(s) to be skipped/accelerated			

APPROVAL

PARENTAL APPROVAL

I have discussed with my child his/her taking an examination to receive credit for the course(s) or grade identified above. I understand that my child will be accelerated if he/she scores 80 % on each test taken. Also, I understand that the score earned on the examination will be recorded on his/her transcript if he/she is accelerated, but will not be used in determining grade point average.

Signature of Parent or Legal Guardian **Date** _____
Please print name of Parent/Guardian

ADMINISTRATOR APPROVAL

I have conferenced with the parent and student regarding this application for Credit by Examination without prior instruction and

____ grant permission to test.

____ deny permission to test.

Signature of Building Administrator

Date

All registration forms are due to the Student Assessment office by:

February 3, 2017