MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
CREDIT BY EXAMINATION APPLICATION FORM - GRADES 1-12
Credit by Examination WITHOUT PRIOR INSTRUCTION [Kinder - 5th Grades]

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.)

Elementary (Math, Language Arts, Science, Social Studies)

Grade:
_____ **1st Grade**
_____ **2nd Grade**
_____ **3rd Grade**
_____ **4th Grade**
_____ **5th Grade**
_____ **Kinder**

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 _____

For any language exam other than English credit by examination, please complete the following:		
Have you received formal instruction in this language at any point in your educational career? For example: in an elementary Spanish or bilingual program, studied Spanish in another country, enrolled in an afterschool or summer program, etc.	☐ YES	☐ NO

☐   Yes, I grant permission for accelerated testing through the Advanced Academic Services 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 323-5506 and inquire as to the date.

_____   _____
Parent/Guardian Signature   Date

CREDIT BY EXAMINATION TEST DATES: June 4-6, 2019
REGISTRATION DEADLINE: April 26, 2019

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**