

Application for Credit By Exam School Year 2024-25



(Parent signature below serves as written approval for accelerating the student if he/she meets the score requirements. EFAs and CBEs will not be ordered at any time other than what is listed below.)

To Be Completed by Campus Counselor or Administrator Only												
Student Last Name			First Name Studen		tudent II	D (Local ID)	Date of Birth					
Complete Mailing Address (Include Apt# and Zip Code)												
	Campus		Campus Point of Contact		Phone	Number	SY 24-25 Enrolled Grade					
	Test #	G	rade/Subject/Test		ester S Only)	EFA (Acceleration)	CBE (Credit Recovery)					
	1			Α	B							
	2			Α	В							
	3			Α	В							
	4			Α	В							
1.	Is student r	eceiving services und	ler special education or Section 504	?	C]No □Yes						
	a. If Y	ES, has the IEP/IAP	testing page been attached. (Requir	ed)	C]No □Yes						
2.												
3.												
4.												
	5. Have you previewed multiple sources of data to endorse testing referral? \square No \square Yes (attach data sources)											
Counse	lor or Adm	inistrator <u>must</u> sig	n and date here:									

To Be Completed by PARENT and STUDENT Only

Fall and Winter Test Dates – HS Only (Saturdays): December 7 and February 22 – Sessions: (1) 8:30-12:00 and/or (2) 1:00-4:30

Summer Test Dates (Mon-Tues-Wed-Thurs): June 2, 3, 4, 5 and July 14, 15, 16, 17 Sessions: (1) 8:30-12:00 and/or (2) 1:00-4:30

	Test #	Exam Date	Circle S	ession #							
	1		1	2							
	2		1	2							
	3		1	2							
	4		1	2							
_											
		Parent Signature	Date								
Phone Numbers (include cell and work) Parent email											
Assessment & Accountability Office Use Only (104 E. Beeline Lane, Harker Heights, TX 76548)											
					Transcript attached?						
Approval Signati	Ire	Date			Data sources attached?						
Approval Signatt	ure	Date			Data sources attached? IEP/IAP attached?						