

Credit by Examination

Student Interest Questionnaire

Complete the application by filling in all information requested. All applications must be signed and submitted by the grade level counselor or campus administrator to the Assessment & Compliance department on or before the application deadline.

Date: _____

Part I

Student Last Name: _____

Student First Name: _____

Student ID (lunch #): _____

Current Grade Level: _____

Parent Last Name: _____

Parent First Name: _____

Parent Phone Number: _____

Parent Email: _____

Does the student receive accommodations for campus assessments? Yes ☐ No ☐

Part II

Languages for High School Credit

Please select the language. ☐

Mandarin (Simple & Traditional)	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latin	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>

Part II (continued)

Math Acceleration

1. Current (or most recently completed) level of Math instruction _____

2. Please select the grade level to be tested and the format.

	Paper	Online
6th Grade Math	<input type="checkbox"/>	<input type="checkbox"/>
7th Grade Math	<input type="checkbox"/>	<input type="checkbox"/>
8th Grade Math	<input type="checkbox"/>	<input type="checkbox"/>

Whole Grade Acceleration

Requires a passing score in each subject: Math, Social Studies, Science & Language Arts. All subjects will be taken ONLINE except for Language Arts. NOTE: If a student is not successful in all four subjects but is successful only in Math, acceleration in Math ONLY is allowed. Please select the grade level to be tested.

6th Grade all Subjects	<input type="checkbox"/>
7th Grade all Subjects	<input type="checkbox"/>
8th Grade all Subjects	<input type="checkbox"/>

Math Courses for High School Credit

	Paper	Online
Algebra 1 A	<input type="checkbox"/>	<input type="checkbox"/>
Algebra 1 B	<input type="checkbox"/>	<input type="checkbox"/>
Geometry A	<input type="checkbox"/>	<input type="checkbox"/>
Geometry B	<input type="checkbox"/>	<input type="checkbox"/>
Algebra 2 A	<input type="checkbox"/>	<input type="checkbox"/>
Algebra 2 B	<input type="checkbox"/>	<input type="checkbox"/>

Part III (to be completed by the counselor)

1. I certify that the student above has:

☐ Prior Instruction
☐ No Prior Instruction

Counselor Signature: _____

2. Testing Session

☐ September 30 - October 10 (Applications due Sep. 6)
☐ February 24 - March 6 (Applications due January 31)
☐ June 1 - June 4 (Applications due May 8)
☐ July 13 - 16 (Applications due May 8)

Parent Signature: _____ Date: _____