MIDDLE SCHOOL CODE REQUEST FORM

Complete both sides of this form to apply for a school code number

Virtual / Internet schools *may be eligible to receive exam scores depending on answers provided via the questionnaire below. Virtual / Internet schools seeking to administer exams will be reviewed on a case by case basis and are required to submit a testing plan. Contact ETS-Code Control for a testing plan template.*
Home schools *are NOT eligible to administer College Board exams. Home schools should review the procedures for home-schooled students for individual test programs at www.collegeboard.org.*

Check all boxes that apply	*I am requesting a school code for*: ☐ AP® ☐ PSAT®-Related Assessments	*I want to:* ☐ Become a score recipient ☐ Administer assessments

1. Official School Name: _____

   a. Shipping Address (*may not be Postal Box*):

   _____
   _____
   (city)   (county)   state)   (zip)

   b. Mailing Address (*if different from shipping*):

   _____
   _____
   (city)   (county)   (state)   (zip)

   c. Telephone number: (_____) _____

   d. Fax number: (_____) _____

   e. School Website: _____

   f. School E-mail address: _____

   g. Are you a member of a school district? ☐ Yes   ☐ No   If yes, list the school district: _____

   h. Do you share this address with any other school/organization? ☐ Yes ☐ No If yes, list the school: _____

2. When was the school established? _____ /_____ /_____ mm/dd/yy

3. Has your school ever used a ***different name, address, or code***? ☐ Yes ☐ No

   a. If so, enter old information here: _____

   b. If a merger, list all schools/codes affected: _____

4. Type of School (*check all that apply*):
   ☐ public   ☐ church school or other religious   ☐ private (independent)   ☐ correctional youth facility
   ☐ charter school   ☐ Home School Association   ☐ correspondence   ☐ course delivery primarily online
   ☐ other (submit explanation with this form)

5. Enter the number of students *enrolled* in each grade: 5 _____ 6 _____ 7 _____ 8 _____ 9 _____

6. Do you hold test preparation classes or tutoring activities to prepare students for AP, PSAT-Related Assessments, SAT or other exams? ☐ Yes ☐ No

   If yes, you must provide a description of the programs offered and submit it together with this request

7. Are you accredited by one of the agencies/organizations listed on the attached College Board Approved Accreditation list? ☐ Yes ☐ No

   If yes, which one? _____ School's accreditation expiration date: ____/_____/_____mm/dd/yy

   If no, are you accredited by any other agency/organization? ☐ Yes ☐ No If yes, please note the agency/organization: _____

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For Office Use Only
CODE NUMBER_____
DATE

8. Enter the number of full-time students taught ***on-site during the day*** for each grade: 5 _____ 6 _____ 7 _____ 8 _____ 9 _____

    a. What days and hours are students required to be on-site for instruction? _____

9. Total number of middle school (grades 5-9) teachers: Full-time _____ Part-time _____

10. Are any relatives of students enrolled in grades 5-9 employed as teachers or administrators at this school? ☐ Yes ☐ No

    If yes, *how many teachers and administrators are related to students?* Teachers _____ Administrators _____

11. Total number of middle school teachers with the highest college degree as:

    Less than Bachelor's _____ Bachelor's _____ Master's _____ Doctorate _____

12. Which academic disciplines are included in a typical student's schedule at this school each year? (*check all that apply*)

    ☐ English ☐ Math ☐ History ☐ Science ☐ Foreign Language ☐ Other (please list): _____

13. If requesting a code for AP, please list any AP courses and/or exams that your school plans to offer: _____

_____

14. School has previously administered (*check all that apply*): ☐ AP ☐ PSAT-Related Assessments ☐ SAT ☐ Other : _____ (note test center #_____)

Please enter the date of the most recent administration for any of these exams. ___/____/_____mm/dd/yy

15. School primarily teaches: ☐ On-site during the day ☐ On-line ☐ On-site during the evening

    ☐ Independent/Home School ☐ Other (*please explain*)

16. Please answer the following questions about test security. ☐ Not Applicable- My institution only wants to receive scores.

    a. Will testing be held at the address listed in #1?☐ Yes☐ No

    b. Test material received by (name & title): _____

    c. Where would test material be received? ☐ Main Office ☐ Loading Dock ☐ Other (please specify) _____

    d. Where would test materials be stored? _____

    e. Can the storage area be locked? ☐ Yes ☐ No

    f. Name and title of individual responsible for maintaining the security of test materials: _____

    g. Would any non-employed persons (office helpers, student aides, parents, or students) have access to this storage area? ☐ Yes ☐ No

By signing this form I confirm that all of the information provided is **true and accurately describes the school named on this form. I understand that if any of the information is false, deactivation of the high school code and/or legal action may result.**	**This form must be *notarized* for your middle school code request to be processed.**
Signature of Principal Only: _____	Notary's Signature_____
Print Name of Principal: _____	This sworn before me on this the _____day of _____, _____
Date: _____/_____/_____	My commission expires: _____/_____/_____