

FRISCO INDEPENDENT SCHOOL DISTRICT

CBE/ EXAM FOR ACCELERATION APPLICATION**Grades K-12****Application Return:** Return application to Campus Counselor**Test Date:** To be determined by campus**Date Application RCVD** _____*Please see the district spring/fall testing window located on the FISD website.*

The purpose of the Exam for Acceleration is to allow students to earn credit for courses in which they have NOT had prior instruction, advance in grade level or progress to courses that challenge them without having to take prerequisites that cover information they already know. This service is offered free of charge to students without prior instruction. Please complete the information below:

Student _____
 Name _____ Last _____ First _____ MI _____ Today's Date _____

 Street Address _____ City _____ State _____ Zip _____ Home Phone Number _____

 Student ID _____ Birth Date _____ Age _____ Current Grade _____ Campus _____

Does the student have a Section 504 Accommodation Plan or an IDEA (Special Education) Individual Education Plan that requires test that requires modifications? ____Yes ____No (Note: If you are unsure about this question, please ask your school counselor or testing coordinator.)

Please indicate below whether you are applying for a grade level advancement or for credit in specific subject areas:

KINDERGARTEN

____ I wish to have my five year old child skip kindergarten and advance directly to first grade. Must meet both criteria boxes below.

☐ My child will be 6 years old by December 31st. ☐ My child is currently enrolled.

Has there been previous instruction in this course? ____Yes ____No

GRADES 1-5

____ I wish to have my child skip grade level (please circle one) 1 2 3 4 5 to advance to the next grade level.

Has there been previous instruction in this course? ____Yes ____No

GRADES 6-12

____ I wish to have my child tested to receive credit in the following academic subject(s):

<u>Subject</u>	<u>Semester</u>	Has there been previous instruction in this course?
_____	____1 ____2	____Yes ____No
_____	____1 ____2	____Yes ____No
_____	____1 ____2	____Yes ____No

SIGNATURES:

_____ Parent Name (Print or Type)	_____ Student Name (Print or Type)	_____ School Representative Name (Print or Type)
_____ Parent Signature & Date (Required for all levels)	_____ Student Signature & Date (Required for 6-12)	_____ School Rep. Signature & Date (Required for K-5)

Students who register for an examination and do not take the exam will be assessed a fine equal to the cost of procuring the examination, including charges for shipping and handling. Students who register for Credit by Exam *with prior instruction* will be responsible for the cost of the exam. Fees must be paid at the time of registration. Parent(s)/Guardian(s) will receive written notice of child's specific examination date(s), time(s), and location(s) approximately one to two weeks prior to testing.

If you need further assistance, contact your campus counselor.