



HIGH SCHOOL COURSE CREDIT BY EXAM APPLICATION Summer 2008

As the parent/guardian of the student named on this form, I hereby request that s/he be administered the listed exam(s). The examinations are administered to students free of charge if taken on the scheduled exam dates. I understand that GCISD does not provide transportation to the testing site. I have read the accompanying information packet and am aware of the purpose and procedures for examinations for credit.

Please fill in all information; otherwise the registration process may be delayed.

Student's Name: _____ SSN: _____ Date of Birth: ___ / ___ / _____

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Home Street Address: _____ City: _____ State: _____ Zip: _____

MAXIMUM OF 2 TESTS PER EXAM DATE

JUNE 4th EXAM LOCATION: **GRAPEVINE HIGH SCHOOL - LECTURE HALL** TIME: **12:00 PM**
JUNE 5th EXAM LOCATION: **GRAPEVINE HIGH SCHOOL - LECTURE HALL** TIME: **8:00 AM**

Exam Date	DEADLINE FOR APPLICATION:	Exam Requested (Include Semester)	Exam Requested (Include Semester)
<i>Example:</i>		<i>Spanish 1A</i>	<i>Spanish 1B</i>
June 4, 2008	April 18, 2008		
June 5, 2008	April 18, 2008		

JULY EXAMS LOCATION: **CROSS TIMBERS MIDDLE SCHOOL - LIBRARY** TIME: **8:00 AM**

Exam Date	DEADLINE FOR APPLICATION:	Exam Requested (Include Semester)	Exam Requested (Include Semester)
<i>Example:</i>		<i>Spanish 1A</i>	<i>Spanish 1B</i>
July 8, 2008	May 30, 2008		
July 9, 2008	May 30, 2008		

Please return this completed form to the school counselor for approval.

Signature of Guardian

Date

FOR OFFICE USE ONLY:

Campus Counselor: Please review the application for credit by exam and discuss the advantages and disadvantages of credit by exam with the applicant. A counselor's signature is required in order for the registration to be complete. Please return the completed form to the Director of Assessment, Research and Evaluation, 3051 Ira E Woods Avenue, Grapevine, TX 76051.

Signature of Counselor

Date

Campus