Katy Independent School District

Application for Credit by Examination without Prior Instruction (Student Application/Campus Approval Form – Grades 1-12)

Name of Student	Social Security/PEIMS ID #	Student's Katy ISD #	Current Grade Level
Elementary Only: Grade Level to be Tested	Date of Birth: (MM/DD/YYYY)	Current Campus	Next Year's Campus
Secondary Only: Specific Subject(s) and Semester(s), if applicable, to be Tested		FOR CAMPUS USE ONLY Scheduled CBE Testing Date: Transcript verified that student does not already have credit? Prerequisites met? Student has not reached the retest limit? Student has not received CBE credit for any other course this year?	
redit by examination without prior instructional prior instruction by be advanced one grade level in grades a ubject per academic year if the District's reconsistence on the score shall be reconce an 80% or higher is earned. No weight OST FOR TAKING CREDIT BY EXAMINATION There is no charge to students for the application.	L-5 or may receive one unit of creat quirements are met. See EHDC (Ri rded on the transcript. Students a ed credit can be earned through C	dit for a course in grad egulation)* for details. are not allowed to rete CBE.	es 6-12 per Students must earn est for a higher score
Ny child, xamination test and if appropriate scores a nd will be placed in the next succeeding gra nstruction for this test.	re met, will be given credit for con		evel/course tested
Parent Statement: (Why credit by exam would benef	it my child?)		
Signature of Parent/Guardian		Date	
Street Address		Telephone (home)	
City/State/Zip	Telephone (work)	Telephone (cell)	
My signature indicates that the above-name	d student meets the criteria to be	tested for credit by ex	amination
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