# 2024-2025
## Credit By Exam Application
## Grades 1-5

| Student Name: | |
|---|---|
| **Campus Name:** | **Email Address:** |
| **Local Student ID:** | **Date of Birth:** |
| **Current Grade:** | **Phone Number:** |
| **Address:** | |
| **Parent's Name:** | **Signature** |

I request that my child be permitted to take the Credit by Exam test for the purpose of accelerating the grade indicated below.  I understand a student in any grade 1-5 may be accelerated a grade level if he/she meets all the following requirements:

1. The student scores 80% or higher on all criterion-referenced tests for the grade level he/she requests to skip in each of the following areas:

   * Language Arts          * Math          * Science          *Social Studies

2. A school representative recommends that the student be accelerated.
3. The student's parent or guardian gives written approval for the acceleration.
4. Credit by Exam deposits are $25.00 per test (total of $100 for all four), and **cash only** f7.2 (h o)1d 0 Td§1.0 Tc

| Testing Date Please check one | | Grade Level to accelerate |
|---|---|---|
| June 3-4, 2025 | July 8-9, 2025 | |
| | | |

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| Counselor's Name: | Signature |
|---|---|
| Principal's Name: | Signature |

Credit by Exam testing will be held within our district.  Location to TBD.  Specifics about testing will be mailed to registered students.  Study guides are available by accessing the link on the EMSISD district website under Credit by Exams UT Study Guides.  If you have questions, please call (817)232-0880 ext. 2601.

For June 3 & 4, 2025

<span style="color:red">*This form will need to be completed only if your child is
taking the Credit by Exam for acceleration purposes*</span>

# Eagle Mountain Saginaw ISD
# PARENT/STUDENT
# Refund Request

Student Name:_____

Student ID: _____

Purpose for refund:   Credit by Exam Refund_____

Amount Due: _____

Please select the refund method below:

_____ Parent/Guardian will pick up the refund.

_____ Student will pick up the refund.

The deposit will be returned to the parent/student on the last day of testing. By signing below, you acknowledge that you or your child will receive the cash deposit once he/she completes testing on the final day.  Please sign, date, and have your child return this form with