



THE DISTRICT

**YISD Credit by Exam Registration Form
Grade Advancement**

**Ysleta Independent School District
Division of Academics
A.R.E.A.**

Administration Month and Year: _____	Grade Advancement
School Name: _____	80% Passing Rate
Coordinator and Phone Number: _____	

Student ID Number	Birthdate	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	_____		
	Last	First	Middle/Maiden
Address	_____		
	Street	Apt. #	
Phone	_____		
	City	State	Zip Code

Grade Level Requested

Language Arts

Mathematics

Science

Social Studies

Four exams:

By signing this registration form, I agree to abide by the Credit by Exam policies of the state of Texas, the Ysleta Independent School District, and Texas Tech University or U.T. Austin. I understand that in order to earn credit for the grade level I have requested, I must make at least an 80 on each of the four exams.

Student's Signature *Date*

Registration Approved by

By signing this form, I give permission for my son/daughter to take the exam(s) listed. I understand that in order for him/her to earn credit for the grade level, he/she must make at least an 80 on each of the four exams.

Name Signature Date

Al firmar esta forma, autorizo que mi hijo/hija tome los exámenes enlistados. Entiendo que a fin de que mi hijo/hija reciba credito para su nivel actual, el/ella necesita obtener al menos un 80 en cada uno de los cuatro exámenes.

Parent's signature *Date*

Please submit this SIGNED form in person to the A.R.E.A. Office. Student information is confidential and should not be sent through District mail.