



THE DISTRICT

**YISD Credit by Exam Registration Form
WITH Prior Instruction - Middle and High Schools**

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

Administration Month and Year:	With Prior Instruction
	70% Passing Rate
School Name:	
Coordinator and Phone Number:	

Student ID Number	Birthdate	Male	Female
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subject(s) Requested

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 course(s) I have requested, I must make at least a 70 on the exam. I understand if I make a 70 or higher, the grade received will be part of the official transcript and used for GPA and class rank.

Student's Signature *Date*

Registration Approved by

Kristina Lombardi

Name Signature Date

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, he/she must make at least a 70 on the exam. I understand if he/she makes a 70 or higher, the grade received will be part of the official transcript and used for GPA and class rank.

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.

Al firmar esta forma, autorizo a mi hijo/hija tomar los exámenes enumerados. Entiendo que mi hijo/hija necesita por lo menos una calificación de 70 en el examen para obtener crédito. Entiendo que si mi hijo/hija califica con 70 o mejor, la calificación será parte de su relación de estudios y utilizada para su promedio general y rango de clase.

Counselor's signature *Date*

Parent's signature *Date*