

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:
- 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**. The exam deposits are refundable only if the student takes the test. The deposit will be returned to the parent/student on their last day of testing.

| Summer To Please c | | |
|-----------------------|----------------|---------------|
| June 3-4, 2025 | July 8-9, 2025 | to accelerate |
| | | |



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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 <u>UT Study Guides</u>. If you have questions, please call (817)232-0880 ext. 2601.

For June 3 & 4, 2025

*Testing deadline for registration is April 18, 2025

For July 8 & 9, 2025

*Testing deadline for registration is May 16, 2025

No late applications will be accepted after the deadline

CASH ONLY DEPOSITS

Applications and deposits can be given to your home campus or mailed to:

Eagle Mountain-Saginaw ISD Assessment Department Mary Jones, Ed.D. 1600 Mustang Rock Drive Ft. Worth, TX 76179 (817)232-0880 Ext. 2601

Information below is for Counselor to complete and send to the Assessment office:

| EcoDis | Title I | 504 | Migrant | LEP | BIL | SpEd | G/T | At- Risk | CTE |
|--------|---------|-----|---------|-----|-----|------|-----|-------------|-----|
| | | | | | | | | | |

| STAAR Results | | | | |
|---------------|--|------|---------|--|
| ELAR | | Math | Science | |
| | | | | |
| | | | | |

This form will need to be completed only if your child is taking the Credit by Exam for acceleration purposes

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 or signing below, you acknowledge that you or your clonce he/she completes testing on the final day. Plea child return this form with the Credit by Exam applies | nild will receive the cash deposit use sign, date, and have your |
| Parent/Student signature | Date |
| Person receiving funds signature | Date |