

Port Neches-Groves ISD
Credit by Examination Application
(Without Prior Instruction)

Last Name: _____ First name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Please print:

Parent or Guardians' Name(s): _____ Student SS# _____

Home Phone: (____) _____ Parent Cell Phone: (____) _____

Parent Work Phone: (____) _____ Student's Birthdate: _____

Student Current Grade: _____ Student Current School: _____
 (or grade completed if after 5/31/21) (or last school completed if after 5/31/21)

Requested Testing Dates	December 8, 9, 10*	January 12,13,14**
	1 st choice: _____	1 st choice: _____
	2 nd choice: _____	2 nd choice: _____
	3 rd choice: _____	3 rd choice: _____
	June 1,2,3***	July 6,7,8****
	1 st choice: _____	1 st choice: _____
	2 nd choice: _____	2 nd choice: _____
	3 rd choice: _____	3 rd choice: _____

Elementary Only:

Check one that applies:

- ☐ Although my child has not entered public school, I am requesting that he/she be given the Credit by Examination for promotion to the 1st grade.
- ☐ Since my child is currently completing/has completed the _____ grade, I am requesting that he/she be given the Credit by Examination for promotion to the _____ grade.

Secondary Only:

Please list the *Credit by Examination* course(s) you are requesting for your child:

Signature of current school counselor: _____ Date: _____

*Deadline to register for December test administration is November 4

***Deadline to register for June test administration is April 20

**Deadline to register for January test administration is December 9

****Deadline to register for July test administration is June 3

Counselors—Please email both Mary Jarrell and Tanya Davis the name of the student and requested exam from this form.

Return to Mary Jarrell at the PNGISD Administration Building