



Willis ISD Student Registration Form Credit By Exam



Student Information			
First Name		Last Name	
Local ID	Home Campus	Current Grade	Date of Birth

Parent/Guardian Information		
First Name		Last Name
Mailing Address	City	Zip Code
Home Phone Number	Cell Phone Number	

Testing Date Requested (please circle one)			
Testing Window #1 July 27-31, 2020	Testing Window #2 October 5-9, 2020	Testing Window #3 January 5-8, 2021	Testing Window #4 April 26-30, 2021

Exam(s) Requested			
Course/Subject	Semester I or Semester II	Grade	Exam for Acceleration or Exam for Credit Recovery

I understand my child must meet the rigorous criteria set forth by state law.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Campus Counselor's Signature: _____ Date: _____

District Assessment Department: _____ Date: _____