



Texarkana
Independent School District
EXAM FOR ACCELERATION

Student Name: _____ Campus: _____

Current Grade: _____ Local ID#: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Test Requested (Grade Level or Course): _____

I give my student permission to participate in the exam for acceleration.
Parent Signature: _____ Date: _____

CRITERIA

GRADES 1 - 5

- 1) Comply with published district deadlines for requesting an exam
- 2) Have recommendation from a school district representative that the student be accelerated
- 3) Return form to school principal
- 4) Include \$25 per test deposit (*check or money order returned if student takes exam*)

GRADES 6 - 12

- 1) Comply with published district deadlines for requesting an exam
- 2) Must have successfully completed or be enrolled in the pre-requisite course for requested exam
- 3) Return form to school principal
- 4) Include \$25 per test deposit (*check or money order returned if student takes exam*)

TESTING INFORMATION

REQUEST DEADLINE

TESTING DATE

August 16, 2019	September 9-13, 2019
November 1, 2019.....	December 2-6, 2019
February 7, 2020	March 23-27, 2020
May 1, 2020	June 15-19, 2020

NO REQUESTS WILL BE ACCEPTED AFTER THE PUBLISHED DEADLINES FOR TEST ADMINISTRATIONS.

FOR OFFICE USE ONLY

Form Received By: _____ Date: _____

Gr. 1-5 Approved By: _____ Date: _____