



## Testing Out Registration Request

**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Telephone#** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

Please list the course(s) you would like to take the exam(s) for in August:

1. \_\_\_\_\_

2. \_\_\_\_\_

The high school will provide you with the course expectations for each class that you have expressed an interest in testing out of. If you are required to demonstrate mastery through a portfolio, paper, project, presentation, or other means of assessments that require prior preparation, you will be notified.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Mission Statement*

*The Columbia School District, in partnership with the community, will provide a safe and positive learning environment, which will prepare all students to contribute and compete in a global society.*