Step 1: Select an Exam for Acceleration administration window.

(Choose only one window per form.)

Window 1: July 14-15, 2026	Registration and deposit due – May 29, 2026
Window 2: November 16 – 20, 2026	Registration and deposit due – October 1, 2026
Window 3: February 15 – 19, 2027	Registration and deposit due – January 9, 2027
Window 4: May 3 – 7, 2027	Registration and deposit due – April 1, 2027

* New Enrollees to the district contact Dr. Veonda Emholtz, Director of Research & Accountability

Step 2: Please provide student and parent information for ordering of tests.

Student Full Name_____ Student DISD Email_____

Student ID_____Grade_____ Birthdate_____

Parent Name_____Parent Email_____

Parent Cell Phone_____ Parent Mailing Address_____

Step 3: List up to three exams per window. Note: EOC courses are not permitted. Study guides available at: highschool.utexas.edu/cbe_study_guides

1. _____ [ ] Sem A [ ] Sem B
2. _____ [ ] Sem A [ ] Sem B
3. _____ [ ] Sem A [ ] Sem B

_____ _____

Printed Name of Parent/Guardian **Signature and Date**

Your signature indicates that you have read the Dickinson ISD Credit by Exam for Acceleration Procedures and understand the deposit will be forfeited if your child does not test.

Attach a check made out to Dickinson ISD for the full cost of the exams you wish to take. DO NOT SEND CASH. The check will be returned with scores after the student completes the exam administration. The check will not be returned if a student registers for an exam and does not attend.

Check Number: _____ Check Amount:_____

******Return this form and the deposit to your counselor by the registration due date listed. ******

Internal Verification by School Personnel:
I, _____, Counselor/Admin, certify that I have reviewed student records and confirm eligibility for the requested exam(s). I verified the student has no prior instruction in the subject. For **retests** (limit 1), I confirm the student scored ≥70% on their first attempt in _____[Subject].
Signature: _____ **Date:** _____

Formulario de Registro de Crédito por Examen

Paso 1: Seleccione una ventana de administración. (Elija solo una ventana por formulario).

- **[ ] Ventana 1: 14-15 de julio, 2026 (Límite: 29 de mayo, 2026)**
- **[ ] Ventana 2: 16-20 de noviembre, 2026 (Límite: 1 de octubre, 2026)**
- **[ ] Ventana 3: 15-19 de febrero, 2027 (Límite: 9 de enero, 2027)**
- **[ ] Ventana 4: 3-7 de mayo, 2027 (Límite: 1 de abril, 2027)**

***Nuevos inscritos al distrito contactar a la Dra. Veonda Emholtz.**

Paso 2: Información del estudiante y padre. Nombre del Estudiante: _____

Correo de DISD: _____ ID del Estudiante: _____ Grado: _____

Fecha de Nacimiento: _____ Nombre del Padre: _____

Correo del Padre: _____ Teléfono Celular: _____

Dirección Postal: _____

Paso 3: Liste hasta tres exámenes por ventana. (Nota: No se permiten cursos EOC).

1. **_____ [ ] Sem A [ ] Sem B**
2. **_____ [ ] Sem A [ ] Sem B**
3. **_____ [ ] Sem A [ ] Sem B**

Firma del Padre/Tutor: _____ Fecha: _____ ***Su firma indica que ha leído los procedimientos y comprende que el depósito se perderá si el estudiante no se presenta a la prueba.***

Información del Pago: Adjunte un cheque a nombre de Dickinson ISD (NO EFECTIVO). El cheque se devolverá con los resultados tras completar el examen. No se devolverá si el estudiante no asiste.

Número de Cheque: _____ Monto: _____

Verificación Interna (Uso Escolar): Yo, _____, Consejero/Admin, certifico que he revisado los registros y confirmo la elegibilidad. Verifiqué que el estudiante no tiene instrucción previa en la materia. Para reevaluaciones (límite 1), confirmo que obtuvo ≥70% en el primer intento.

Firma: _____ Fecha: _____

¿Desea que prepare una lista de verificación con las fechas límite para que no se le pase ninguna entrega?

Internal Verification by School Personnel:
I, _____, Counselor/Admin, certify that I have reviewed student records and confirm eligibility for the requested exam(s). I verified the student has no prior instruction in the subject. For **retests** (limit 1), I confirm the student scored ≥70% on their first attempt in _____[Subject].
Signature: _____ Date: _____