VALDOSTA CITY SCHOOLS

TESTING-OUT
STUDENT REGISTRATION FORM

Name:_____ DOB:_____

Student 5-digit ID:_____ Grade:_____

Telephone Number:_____

EOC Course:_____

Teacher recommendation attached? ❑ No ❑ Yes

Registration Fee ($50.00 per test) included? ❑ No ❑ Yes

I have read and met the guidelines and requirements for testing-out a course which there is an associated EOC. I understand that under NCAA requirements, units of credit earned through testing-out using the EOC **will not** count as a core course credit for athletic aid for seeking NCAA Division I or II athletic scholarships. I understand that course credit earned through testing-out will be reported on my transcript and a numerical grade for course credit earned through testing-out will not be determined and reported by Valdosta City Schools.

Student:_____ Date_____

Parent/Guardian:_____ Date_____

FOR OFFICE USE ONLY

Advisement Conference:_____ _____
COUNSELOR/ADMINISTRATOR DATE

Grades, Course Credits, and/or Achievement Data verified by Counselor/Administrator? ❑ **No** ❑ **Yes**

Testing-Out Request: ❑ **Approved** ❑ **Denied**

Principal/Designee:_____ _____
SIGNATURE DATE

REV 5/15