

**APPLICATION TO DEMONSTRATE PROFICIENCY**

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Student's Birthdate \_\_\_\_\_ Last School Attended \_\_\_\_\_

Grade/Course in which student wishes to demonstrate proficiency

Briefly explain why you wish to demonstrate proficiency in this grade/course.

This form was completed by \_\_\_\_\_  
(Student over 18 or Parent)

Parent/Guardian Signature \_\_\_\_\_

PLEASE RETURN TO BUILDING PRINCIPAL

For School Use Only

This application has been reviewed and recommended by:

Please attach a copy of the student's cumulative record or transcript.