

**PROFICIENCY BASED TESTING  
REGISTRATION FORM**

Student Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade level \_\_\_\_\_ Site \_\_\_\_\_

Curriculum area(s) or course(s) requested for testing

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person making request (student, parent, guardian, educator)

\_\_\_\_\_  
Date of request

\_\_\_\_\_  
Signature of principal  
(Necessary only for student to attempt retesting)

**TESTING REPORT**

Curriculum area or Course	Date	Pass/Fail	Percent
_____	_____	_____	CRT _____ Performance _____
_____	_____	_____	CRT _____ Performance _____
_____	_____	_____	CRT _____ Performance _____

\_\_\_\_\_  
Signature of Director of Curriculum

\_\_\_\_\_  
Date