

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

Date of Request

\_\_\_\_\_  
Signature of Principal  
(Necessary only for student to reattempt testing)

TESTING REPORT

CURRICULUM AREA OR COURSE	DATE	PASS/FAIL	PERCENT
_____	_____	_____	CRT _____ Perf _____
_____	_____	_____	CRT _____ Perf _____
_____	_____	_____	CRT _____ Perf _____
_____	_____	_____	CRT _____ Perf _____

\_\_\_\_\_  
Signature of Test Coordinator

\_\_\_\_\_  
Date