

Test-Out Request Form

Student's Name - _____ Graduation Year _____

Home Phone Number _____

Parent's Cell _____

Student's Cell _____

Please list the test(s) the student would like to take.

Which Semester? (Circle one)

1 2 Both

1 2 Both

Student's Signature - _____ Date _____

Return completed form to: *Johannesburg-Lewiston High School, Attn: Danica Nowak, 10854 M-32 East, Johannesburg, MI 49751*

Office Use Only

Date form was received: _____ Date scheduled to test: _____

Grade earned on test: _____ Was Credit Earned? YES NO

If yes, please write the date the credit was entered on the student's transcript and sign:

Date: _____ Signed: _____

When credit is issued, please attach the test to this form and file in the student's CA60.