

SANTA FE INDEPENDENT SCHOOL DISTRICT



P.O. BOX 370
SANTA FE, TEXAS 77510-0370

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FAX: (409) 925-4002
www.sfid.org

LEIGH WALL, Ed.D.
Superintendent



Credit by Exam (without prior instruction) - Registration Form
Testing Window: _____

The completed form must be returned to your Campus Counselor by **3:00 P.M. on the date posted on the district website.**
Please print or type the information below:

Student's Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Parent's Name _____ Home Phone (____) _____

Home Address _____ City _____ Zip Code _____

Campus of Current Enrollment _____

Grade Level of 2021-2022 Enrollment: _____

List the grade level test(s) or course name test(s) for which you are registering:

Counselor/Principal Approval: _____ Date _____

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

•All above information must be completed!