



2024-2025
Credit By Exam Application
Grades 3-5 for Math Advancement

Student Name:	
Campus Name:	Email Address:
Local Student ID:	Date of Birth:
Current Grade:	Phone Number:
Address:	
Parent's Name:	Signature

I request that my child be permitted to take the Credit by Exam test for the purpose of accelerating a grade in the area of mathematics. I understand a student in grades 3-5 may be accelerated a grade level in math if he/she meets all the following requirements:

1. The student must score a 80% or higher on criterion-referenced tests for **Math**.
2. A school representative recommends that the student be accelerated.
3. The student's parent or guardian gives written approval for the acceleration.
4. Credit by Exam deposits are \$25.00 per test, **cash only**. The exam deposit is refundable when the student shows up to take the test. Refunds will be given to the parent/student on the day the student completes testing.

Summer Testing Date Please check one	
June 3-4, 2025	July 8-9, 2025

Counselor's Name:	Signature
Principal's Name:	Signature



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Credit by Exam testing will be held within our district. Location to TBD. Specifics about testing will be mailed to registered students. Study guides are available by accessing the link on the EMSISD district website under Credit by Exams [UT Study Guides](#). If you have questions, please call (817)232-0880 ext. 2601.

Summer 2025 Testing for Grade Levels K-12

Testing Dates: June 3 & 4, 2025

Testing deadline for registration is April 18, 2025

Testing Dates: July 8 & 9, 2025

Testing deadline for registration is May 16, 2025

No late applications will be accepted after the deadline

****CASH ONLY****

Applications and deposits can be given to your home campus or mailed to:

Eagle Mountain-Saginaw ISD Assessment Department
Mary Jones, Ed.D.
1600 Mustang Rock Drive
Ft. Worth, TX 76179

Information below is for Counselor to complete and send to the Assessment office:

EcoDis	Title I	504	Migrant	LEP	BIL	SpEd	G/T	At-Risk	CTE

STAAR – Math	
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This form will need to be completed only if your child is taking the Credit by Exam for acceleration purposes

**Eagle Mountain Saginaw ISD
PARENT/STUDENT
Refund Request**

Student Name: _____

Student ID: _____

Purpose for refund: Credit by Exam Refund

Amount Due: _____

Please select the refund method below:

_____ Parent/Guardian will pick up the refund.

_____ Student will pick up the refund.

The deposit will be returned to the parent/student on the last day of testing. By signing below, you acknowledge that you or your child will receive the cash deposit once he/she completes testing on the final day. Please sign, date, and have your child return this form with the Credit by Exam application to the campus counselor.

Parent/Student signature

Date

Person receiving funds signature

Date