

APPLICATION FOR PROFICIENCY BASED PROMOTION (PBP)

HIGH SCHOOL LEVEL, RIPLEY PUBLIC SCHOOLS

Please note: Qualifying students are those that are legally enrolled in the local school district. **PBP is** designed and given for the purpose of acceleration to the next course and applicants must earn a score of 90% to receive credit.

To be completed by the Parent/Guardian (Please Print)

Student's Name:	DOB:	AGE:
Current School:	Grade C	Completed:
Last English Language Arts Course Comp	pleted:	
NAME(S) OF THE TEST(S) TO BE TAKEN:		
The testing days are in May and Se Street, Ripley, OK.	ptember at the Ripley High	
Register for the May Session:	Register for the Septe	mber Session:
Will your student require testing accom-	modations? YES	NO NO
If yes, please list required accommodation	ons:	
Parent's Name:		
Address & Zip Code:		
Phone Number:	Email:	
Parent Signature:		Date:
Principal/Counselor Signature:		Date:

If you have concerns or questions about your child taking these tests, please contact your student's Teacher, Counselor, Principal or the Superintendent at 918-372-4242.