

HIGH SCHOOL CODE REQUEST FORM

Complete both sides of this form to apply for a school code number

Virtual / Internet schools may be eligible to receive exam scores depending on answers provided via the questionnaire below. Virtual / Internet schools seeking to administer exams will be reviewed on a case by case basis and are required to submit a testing plan. Contact ETS-Code Control for a testing plan template.

Home schools are NOT eligible to administer College Board exams. Home schools should review the procedures for home-schooled students for individual test programs at www.collegeboard.org.

Check all boxes that apply	I am requesting a school code for: <input type="checkbox"/> AP® <input type="checkbox"/> PSAT®-Related Assessments <input type="checkbox"/> SAT® <input type="checkbox"/> ACT	I want to: <input type="checkbox"/> Become a score recipient <input type="checkbox"/> Administer assessments
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1. Official School Name: _____

a. Shipping Address (may not be Postal Box):

b. Mailing Address (if different from shipping):

(city) (county) (state) (zip)

(city) (county) (state) (zip)

c. Telephone number: (____) _____

d. Fax number: (____) _____

e. School Web site: _____

f. School E-mail Address: _____

g. Are you a member of a school district? Yes No If yes, list the school district: _____

h. Do you share this address with any other school/organization? Yes No If yes, list the school: _____

2. When was the school established? ____ / ____ / ____ mm/dd/yy

3. Has your school ever used a **different name, address, or code**? Yes No

a. If so, enter old information here: _____

b. If a merger, list all schools/codes affected: _____

4. Type of School (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> public | <input type="checkbox"/> church school or other religious | <input type="checkbox"/> private (independent) | <input type="checkbox"/> correctional youth facility |
| <input type="checkbox"/> charter school | <input type="checkbox"/> Home School Association | <input type="checkbox"/> correspondence | <input type="checkbox"/> course delivery primarily online |
| <input type="checkbox"/> other (submit explanation with this form) | | | |

5. Enter the number of students **enrolled** in each grade: 9 _____ 10 _____ 11 _____ 12 _____

6. Please check any of the following statements that apply:

- School awards a high school diploma. School only grants credits toward graduation. School awards a high school diploma equivalency

7. Do you hold test preparation classes or tutoring activities to prepare students for AP, PSAT-Related Assessments, SAT or other exams? Yes No

If yes, you must provide a description of the programs offered and submit it together with this request.

8. Are you accredited by one of the agencies/organizations listed on the attached College Board Approved Accreditation list? Yes No
 If yes, which one? _____ School's accreditation expiration date: ___/___/_____mm/dd/yy
 If no, are you accredited by any other agency/organization? Yes No If yes, please note the agency/organization: _____
9. Enter the number of full-time students taught **on-site during the day** for each grade: 9 _____ 10 _____ 11 _____ 12 _____
 a. What days and hours are students required to be on-site for instruction? _____
10. Total number of secondary school (grades 9-12) teachers: Full-time _____ Part-time _____
11. Are any relatives of students enrolled in grades 9-12 employed as teachers or administrators at this school? Yes No
If yes, how many teachers and administrators are related to students? Teachers _____ Administrators _____
12. Total number of secondary school teachers with the highest college degree as:
 Less than Bachelor's _____ Bachelor's _____ Master's _____ Doctorate _____
13. Which academic disciplines are included in a typical student's schedule at this school each year? (*check all that apply*)
 English Math History Science Foreign Language Other (please list): _____
14. School has previously administered (*check all that apply*): AP PSAT-Related Assessments SAT Other : _____ (note test center # _____)
 Please enter the date of the most recent administration for any of these exams. ___/___/___mm/dd/yy
15. School primarily teaches: On-site during the day On-line On-site during the evening
 Independent/Home School Other (*please explain*) _____
16. Please answer the following questions about test security. Not Applicable- My institution only wants to receive scores.
 a. Will testing be held at the address listed in #1? Yes No
 b. Test material received by (name & title): _____
 c. Where would test material be received? Main Office Loading Dock Other (please specify) _____
 d. Where would test materials be stored? _____
 e. Can the storage area be locked? Yes No
 f. Name and title of individual responsible for maintaining the security of test materials: _____
 g. Would any non-employed persons (office helpers, student aides, parents, or students) have access to this storage area? Yes No

By signing this form I confirm that all of the information provided is true and accurately describes the school named on this form. I understand that if any of the information is false, deactivation of the high school code and/or legal action may result.

Signature of Principal Only: _____

Print Name of Principal: _____

Date: ___/___/___

This form must be *notarized* for your high school code request to be processed.

Notary's Signature _____

This sworn before me on this the _____ day of _____, _____

My commission expires: ___/___/___

**Send your completed High School Request Form to: ETS – Code Control
 P.O. Box 6200, Mail Stop 25-Q
 Princeton, NJ 08543 USA**

**Email: codecontrol@ets.org
 Phone: 609/771-7091
 FAX: 973/735-0392**