

INTERNATIONAL SECONDARY 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//NMSQT [®] <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 E-mail Address: _____

f. School Website: _____

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 list the name(s) of the diploma(s) or credential(s) conferred to students upon successful completion of your offered course of study.

7. Do you hold test preparation classes or tutoring activities to prepare students for the AP, PSAT/NMSQT, 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 and provide documentation? _____ 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/NMSQT 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 Head of School Only: _____

Print Name of Head of School: _____

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