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:  □ AP® □ PSAT®-Related Assessments □ SAT® □ ACT I want to:  □ Become a score recipient □ Administer assessments

1. Official School Name: ____________________________________________________________
   a. Shipping Address (may not be Postal Box): _______________________________________
   b. Mailing Address (if different from shipping): _______________________________________
   (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):
   □ public  □ church school or other religious  □ private (independent)  □ correctional youth facility
   □ charter school  □ Home School Association  □ correspondence  □ course delivery primarily online
   □ 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.

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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: __/__/____