**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](http://www.collegeboard.org).

<table>
<thead>
<tr>
<th>Check all boxes that apply</th>
<th>I am requesting a school code for:</th>
<th>□ AP®</th>
<th>□ PSAT/NMSQT®</th>
<th>□ SAT®</th>
<th>□ ACT</th>
<th>I want to:</th>
<th>□ Become a score recipient</th>
<th>□ Administer assessments</th>
</tr>
</thead>
</table>

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:  

2. When was the school established?  
   2023 / 01 / 01 mm/dd/yy  

3. Has your school ever used a **different name, address, or code**?  
   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 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.**

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*Continued on the next page*
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