



# Sweetwater

## Independent School District

Please **PRINT** the following information:

Date \_\_\_\_\_ Individual Recommending CBE testing \_\_\_\_\_

2026-27 Campus \_\_\_\_\_ 2026-27 Grade Level \_\_\_\_\_

Name of Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Phone Number(s) Cell/home \_\_\_\_\_ (Work) \_\_\_\_\_

Credit by Exam(s) to be ordered: \_\_\_\_\_

I give my permission for my child to have the Credit by Exam test(s) administered. I understand that a score of at least 80% is required to receive credit.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

SISD District Approval \_\_\_\_\_ Date \_\_\_\_\_

Registration Deadline	Testing Window
July 6, 2026	July 27-30, 2026
November 16, 2026	December 14-16, 2026
January 15, 2026	February 8-12, 2026
May 6, 2026	June 1-3, 2026

**CBE testing information and the Texas Essential Knowledge and Skills are located on this site:**

<https://www.depts.ttu.edu/k12/current-students/forms/cbe-review-sheets/>

Updated June 3, 2026