Hall County Schools

Home Study Student Exam Request Application

EXAM REQUESTED

☐ PSAT ☐ ASVAB ☐ AP Exam AP Subject:

STUDENT INFORMATION

Student Name:

Home Address:

City: State: Zip Code:

Gender: ☐ Male ☐ Female Date of Birth:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First/Last):

Relationship to Student:

Phone Number: Email Address:

DISCLOSURE STATEMENTS

☐ a. I certify that the information provided in this application and four accompanying documents is accurate and complete, and I understand that submitting inaccurate information may disqualify my child's application.

☐ b. I understand that submission of this application does not guarantee the opportunity to participate in the AP, ASVAB, and/or PSAT administration.

☐ c. I understand that I will need to submit a separate application for each child (if a twin, triplet, etc.).

☐ d. I understand that my child is expected to follow the HCSD Student Code of Conduct while participating in the assessment.

☐ e. I understand that my child is also expected to follow the HCSD Acceptable Use Policy for students while participating in the assessment and using a district-managed Chromebook.

☐ f. I understand that any accommodation requests for PSAT or AP exams must be submitted directly to the College Board.

☐ g. I understand that any AP student for whom testing materials were ordered and who fails to appear for scheduled testing will be charged an unused exam fee. The AP Exam fee is $40 per unused AP exam.

You must agree to all Disclosure Statements by checking the box beside each Disclosure Statement for the application to be processed.

Revised 9.15.26

FEE WAIVER ELIGIBILITY (AP EXAM ONLY)

Is your child eligible for a reduced AP exam fee by meeting at least one of the requirements below?

☐ Yes ☐ No

a. Annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service.

b. I Enrollment in a federal, state, or local program that aids students from low-income families (e.g., Federal TRIO programs such as Upward Bound)

c. Family receives public assistance.

d. A ward of the state or an orphan.

e. My household receives TANF or SNAP or other public assistance.

f. My family lives in federally subsidized public housing.

g. My family is homeless.

h. My child is a foster child.

i. My child is a ward of the State of Georgia.

j. Another child in my household receives free or reduced meals

MEDICAL INFORMATION

Does your child have one or more health conditions listed below that the staff at the testing location should be aware of. (Check all that apply.)

☐ Allergies ☐ Anaphylaxis ☐ Asthma ☐ Diabetes

☐ Heart Disease ☐ Seizures

List any OTHER diagnoses or illnesses not listed that the staff at the testing location should be aware of:

In the event of any emergency or accident involving this student, and the parent cannot be reached, I give permission to school authorities to take appropriate action, including 911, for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. Fees for transportation and medical services will be the responsibility of the parent/guardian. ☐ Yes ☐ No

Parent/Guardian Signature Providing Staff permission to take emergency action:

Emergency Contact Name (First/Last):

Emergency Contact Relationship to Student:

Phone Number:

STUDENT BEHAVIOR

Is this student currently serving or has recently served a term of suspension or expulsion from another school or district? ☐ Yes ☐ No

If yes, what school or district?

If yes, state the reason for the suspension or expulsion:

Date the term of the suspension or expulsion ends/ended:

Has this student been convicted or adjudicated as a delinquent of a criminal offense as defined by Georgia law? ☐ Yes ☐ No

If yes, date the student was found guilt of the above offense?

Sentence imposed:

The jurisdiction in which the conviction/adjudication occurred:

PARENT SIGNATURE

Parent Signature:

Your digital signature above confirms you acknowledge and agree to the terms of the application.

Date:

ACCOMPANYING DOCUMENTS

Please include a copy of all four items below when submitting this application:

☐ **Declaration of Intent for Home Study** submitted to the GaDOE for the current school year

☐ **Student photo ID**

☐ **Proof of Residency #1: In the Parent/Guardian's Name...**

Share your current mortgage statement, deed, or property tax statement **OR** a current lease/rental agreement **OR** a current non-contingent sales contract in your name

OR

Proof of Residency #1: In a Different Owner or Landlord's Name...

Complete a Hall County School District Residency Affidavit (English, Spanish, Vietnamese) **OR** share a deed, or property tax statement **OR** a current lease/rental agreement **OR** a current non-contingent sales contract in your name.

☐ **Proof of Residency #2:**

Provide a current utility bill to include gas, electric, water, cable/satellite/internet or garbage pickup that provides your service address **OR** a current income tax return; paycheck stub; homeowner's or renter's insurance policy; other official government correspondence.

OR

Proof of Residency #2:

If you are using a residency affidavit, you may provide any of the documents listed to the left in either your name or in the name of the homeowner that signed the residency affidavit

SUBMITTING THE APPLICATION

Please email the completed and signed application, along with all four accompanying documents listed above to the appropriate school contact. Incomplete applications cannot be processed. *(Please visit the Hall County Schools website for a list of school contacts.)*