Please print

Name _______________________________________________________________________________

Address _____________________________________________________________________________

Street                           City                                        Zip

Home Phone _________________________________________________________________________

e-mail _______________________________________________________________________________

Current grade level _________________  Current Math Class ____________________________

Please verify the following criteria in order to take the Computer Science placement test.

1. A’s in mathematics courses. Verification by guidance counselor upon review of transcript.

2. 97% average in current mathematics course. Verification by current teacher. (This will be checked at the end of the year. If anyone falls below this average, he/she will be notified and will not be allowed to take the exam.)

By my signature below, I am indicating that I understand and will abide by the Placement Test policy:

- The placement test is given only once. It is scheduled for Friday, August 18, 2006, from 9 a.m. to noon. The test site is room 236 / lab 232A.
- I will earn placement into AP Computer Science if I achieve 90% on the exam. I will not earn a computer science credit.

______________________________________  ____________________________________
Student Signature      Parent / Guardian Signature

Date______________________________

You must return your Computer Science Placement Test Request form no later than May 31, 2006. You should include a blank CD-R and a FCPS Computer Science CD request form.

Stephen R. Rose, TJHSST
6560 Braddock Road
Alexandria, VA  22312