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.

Check all boxes that apply

I am requesting a school code for: □ AP® □ PSAT/NMSQT® □ SAT® □ ACT
I want to: □ Become a score recipient □ Administer assessments

1. Official School Name: ____________________________________________________________
   a. Shipping Address (may not be Postal Box):
      ____________________________________________________________
      (city) (county) state) (zip)
   b. Mailing Address (if different from shipping):
      ____________________________________________________________
      (city) (county) state) (zip)
   c. Telephone number: (_____) ______________________________
   d. Fax number: (_____) __________________________________________
   e. School E-mail Address: ____________________________
   f. School Website: _______________________________________
   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 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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For Office Use Only
CODE NUMBER_________________
DATE_________________
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
Below is a list of the College Board approved accrediting agencies/organizations. Please indicate the agency/organization from which your institution has received accreditation on the line provided in Section II on the Code Request Form.

### U.S. Schools

- **Department of Defense**
- **Regional Accrediting Association (refer to the list below)**
  - **Middle States Association of Colleges and Schools**
    - 3624 Market Street
    - Philadelphia, PA 19104
    - Phone: 215-662-5600
    - Fax: 215-662-0957
  - **New England Association of Schools and Colleges**
    - 209 Burlington Road
    - Bedford, MA 01730
    - Phone: 781-271-0022
    - Fax: 781-271-0950
  - **North Central Association of Colleges and Schools**
    - Arizona State University
    - PO Box 874705
    - Tempe, AZ 85287
    - Phone: 800-525-9517
    - Fax: 480-965-8658
  - **Northwest Association of Accredited Schools**
    - Boise State University
    - 1910 University Drive
    - Boise, ID 83725
    - Phone: 208-426-5727
    - Fax: 208-334-3228
  - **Southern Association of Colleges and Schools**
    - 1866 Southern Lane
    - Decatur, GA 30033-4097
    - Phone: 404-679-4500
    - Fax: 404-679-4541
  - **Western Association of Schools and Colleges**
    - 533 Airport Boulevard, Suite 200
    - Burlingame, CA 94010-2009
    - Phone: 650-696-1060
    - Fax: 650-696-1867

### International Schools

- **Ministry of Education**
- **Regional Accrediting Association (refer to the list above)**
- **International Accrediting Agency (below)**
  - **Council of International Schools**
    - Calle Augusto Figueroa 32-34/1G
    - Madrid 28004 Spain
    - Phone: 34 91 522 6395 Fax: 34 91 521 4068

### Canadian Schools

- **Provincial Ministry of Education**
- **School District/System**
- **Canadian International Standards Institute**