



World Language Proficiency Assessment Registration Form

Please Print

Student Name: _____

Student ID#: _____ Grade: _____

Language: _____

*To earn high school credit for this exam, you **must** be able to read, write, speak, and listen in the language you are requesting. If you cannot easily read, write, speak or listen in any of the content areas, you should study and try the exam at a later date.*

- ① I can READ in the language above ☐ YES ☐ NO
- ② I can WRITE in the language ☐ YES ☐ NO
- ③ I can SPEAK the language ☐ YES ☐ NO
- ④ I can LISTEN and UNDERSTAND the language above ☐ YES ☐ NO
- ⑤ Some language exams require written responses be typed on your keyboard

☐ I can TYPE in the language above

☐ I cannot TYPE in the language above

- *I understand that I am able to take this exam at \$10 once this school year. Additional attempts in the same language this school year will be at the actual price of the test.*
- *I agree to attend the testing session as scheduled.*
- *I agree to attend a live/phone interview as scheduled, if applicable.*

Student Signature: _____

School Name: _____ Date: _____

Must complete writing prompt on the back of this page



