

## MIDDLE 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](http://www.collegeboard.org).

Check all boxes that apply

I am requesting a school code for:  AP®  PSAT®-Related Assessments

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 Website: \_\_\_\_\_
  - f. School E-mail address: \_\_\_\_\_
  - 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):
 

<input type="checkbox"/> public	<input type="checkbox"/> church school or other religious	<input type="checkbox"/> private (independent)	<input type="checkbox"/> correctional youth facility
<input type="checkbox"/> charter school	<input type="checkbox"/> Home School Association	<input type="checkbox"/> correspondence	<input type="checkbox"/> course delivery primarily online
<input type="checkbox"/> other (submit explanation with this form)			
5. Enter the number of students **enrolled** in each grade: 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_
6. Do you hold test preparation classes or tutoring activities to prepare students for AP, PSAT-Related Assessments, SAT or other exams?  Yes  No  
**If yes, you must provide a description of the programs offered and submit it together with this request**
7. Are you accredited by one of the agencies/organizations listed on the attached College Board Approved Accreditation list?  Yes  No  
 If yes, which one? \_\_\_\_\_ 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: \_\_\_\_\_

8. Enter the number of full-time students taught **on-site during the day** for each grade: 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_
- a. What days and hours are students required to be on-site for instruction? \_\_\_\_\_
9. Total number of middle school (grades 5-9) teachers: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
10. Are any relatives of students enrolled in grades 5-9 employed as teachers or administrators at this school?  Yes  No  
**If yes, how many teachers and administrators are related to students?** Teachers \_\_\_\_\_ Administrators \_\_\_\_\_
11. Total number of middle school teachers with the highest college degree as:  
 Less than Bachelor's \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate \_\_\_\_\_
12. 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): \_\_\_\_\_
13. If requesting a code for AP, please list any AP courses and/or exams that your school plans to offer: \_\_\_\_\_
14. School has previously administered (*check all that apply*):  AP  PSAT-Related Assessments  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 Principal Only: \_\_\_\_\_

Print Name of Principal: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**This form must be *notarized* for your middle school code request to be processed.**

Notary's Signature \_\_\_\_\_

This sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires: \_\_\_/\_\_\_/\_\_\_\_\_

**Send your completed Middle School Request Form to: ETS – Code Control  
 P.O. Box 6200, Mail Stop 25-Q  
 Princeton, NJ 08543 USA**

**Email: [codecontrol@ets.org](mailto:codecontrol@ets.org)  
 Phone: 609/771-7091  
 FAX: 973/735-0392**

# COLLEGE BOARD APPROVED ACCREDITATION LIST

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 on Page 2 of the Code Request Form.

## U.S. Schools

Department of Defense

Regional Accrediting Association  
(refer to the list below)

**New England Association of Schools and Colleges**

3 Burlington Woods, Ste 100  
Burlington, MA 01803-4514  
Phone: 781-425-7700  
Fax: 781-425-1001

**Middle States Association of Colleges and Schools**

3624 Market Street, 2 West  
Philadelphia, PA 19104  
Phone: 267-284-5000  
Fax: 215-662-0957

**Western Association of Schools and Colleges**

533 Airport Blvd, Ste 200  
Burlingame, CA 94010-2018  
Phone: 650-696-1060  
Fax: 650-696-1867

AdvancED

**Northwest Accreditation Commission**

7495 W Azure Dr, Ste 253  
Las Vegas, NV 89130-4416  
Phone: 888-413-3669  
Fax: 208-334-3228

**Southern Association of Colleges and Schools**

1866 Southern Ln  
Decatur, GA 30033-4033  
Phone: 888-413-3669  
Fax: 404-679-4541

**North Central Association**

Arizona State University  
7665 S Research Dr  
Tempe, AZ 85284-1812  
Phone: 888-413-3669  
Fax: 480-773-6900

## International Schools

Ministry of Education  
(please provide documentation)

International Accrediting Agency (below)

**Council of International Schools**

Schipholweg 113  
2316 XC Leiden  
The Netherlands  
Phone: 31 (0) 71 524 3300

Regional Accrediting Association  
(refer to the list above)

## Canadian Schools

Canadian International Standards Institute

Provincial Ministry of Education

School District/System