

CHSPE Eligibility Verification

Test Taker Information

Legal Name: (last, first, middle initial) _____
This must match both the name on your proof of eligibility and the name on your photo ID required for admission to the test site.

Date of Birth: _____ **Gender:** Female Male Nonbinary

Phone Number: _____ **Email:** _____

Mailing Address: PO Box or Street Address: _____

City: _____ **State:** _____ **Zip:** _____

School Eligibility Verification

To be completed by your most recent high school principal, director, vice principal, counselor, or registrar, or by the site administrator identified on a Private School Affidavit (R-4) or statement in lieu of the Affidavit filed with the California Department of Education.

I hereby verify that _____ will, by the selected test date:

be at least 16 years old

have been enrolled in the tenth grade for one academic year or longer

have completed one academic year of enrollment in the tenth grade at the end of the semester during which the next regular test administration will be conducted

School Official Name: _____

School Official Signature: _____

School CDS Code: _____

or enclose copy of Private School Affidavit (R-4) or statement in lieu.

School Name: _____

School Phone: _____

School Official Position:

Principal/Director

Vice Principal

Counselor

Registrar

Site Administrator on R-4 or statement in lieu

Official
School Seal
Here

For CHSPE Office Use Only

ID #: _____

Site #: _____