

AP Test Order Form

For Tests in May 2017

Full Legal Name (No nicknames): _____

Birthday: _____

Phone Number(s): _____

AP Exams are \$93 each. If an exam is ordered and not taken, the fee will be refunded to the student, excluding a \$15 restocking fee the College Board charges.

FEE REDUCTION: There is a fee reduction for students with financial need. To qualify for the fee reduction the student must be currently receiving free or reduced lunch. If your student has been approved for the free/reduced lunch program, please complete the “**Sharing Information with Other Programs**” form and return it to Mr. Sullivan with this order form. The state of GA will cover the price of one test for those students eligible for this reduction. Additional exams will cost \$53 per exam for free/reduced lunch students. (Example: 1 exam = \$0, 2 exams = \$53, 3 exams = \$106, etc.)

Students taking a one semester long course in the Fall must pre-order their tests no later than December 16th.

Bring your completed form and cash or check (**made payable to East Coweta High School. A phone number must be printed or written on all checks**) to *Mr. Patrick Sullivan in the Moreland Hall office between 7:45 – 8:30 or 3:30 – 4:30 during the ordering window*. The ordering window will open on **February 27th, 2017 and will close on March 3rd, 2016**. No orders will be accepted after this date. See Mr. Sullivan if you have questions or concerns.

_____ I have received the AP Student/Parent Bulletin (online version is available at the ECHS website)

_____ I have read and understand the Information Sheet Concerning Regulations for the AP Exams

_____ I am currently receiving Free/Reduced Lunch and have completed the “**Sharing Information with Other Programs**” form and it is **attached to this order form**. **The form must be completed each year.**

Please order the following tests for the above student:

| Name of Exam <small>(include grade level for English exams)</small> | Cost of Exam |
|--|-------------------|
| | |
| | |
| | |
| | |
| | |
| | Total Cost |

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Remember to include payment.
Contact: Patrick.sullivan@cowetaschools.net or call (770) 254-2850

*****For office use only*****

Payment Received: _____ Date: _____