# 2017 AP Exam Registration

**Registration Forms Due: 2/24/2017**

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Last ____________________________________________</th>
<th>First ___________________________________</th>
<th>M.I.</th>
<th>Grade: ____</th>
<th>Homeroom: ____________________________</th>
<th>Phone Number: ______________________</th>
</tr>
</thead>
</table>

## FEES

Check One:
- [ ] Regular Exam: $93 per exam
- [ ] Fee-Reduced* Exam: $53 per exam
  * Student has qualified based on the eligibility criteria.

<table>
<thead>
<tr>
<th>Total # of Exams Ordered: ______</th>
<th>Total Amount Due: $0</th>
<th>Total Deposit: $0</th>
</tr>
</thead>
</table>

Minimum Deposit Due By **N/A**: $______ ($___ per exam)
Check amount: ______ Check number ______ OR cash amount: ______
Received by: ________________________________

Final Balance Due By **N/A**: $______
Check amount: ______ Check number ______ OR cash amount: ______
Received by: ________________________________

Please make checks payable to: **N/A**

A copy of this form will serve as your receipt.

## REFUND POLICY

- If a student registers for an exam and cancels before **N/A**, a refund of $______ will be issued.
- If a student registers for an exam and cancels after **N/A**, a refund of $______ will be issued.
- Once a student begins an exam, no portion of the fee is refundable.

## PREADMINISTRATION SESSION

All students must participate in a preadministration session to complete exam-related paperwork.

**Please place a check next to the preadministration session you will attend:**
- [ ] Preadministration Session 1: Monday, April 24, 2017 in the Library (Smart Classroom)
- [ ] Preadministration Session 2: Tuesday, April 25, 2017 in the Library (Smart Classroom)

## ACCOMMODATIONS

If you have requested and been approved by the College Board for testing accommodations, please provide your SSD Code: ______________________

List each exam name: ____________________________ List specific accommodations requested and approved: ____________________________

List each: ____________________________ List specific accommodations requested and approved: ____________________________

List each: ____________________________ List specific accommodations requested and approved: ____________________________

List each: ____________________________ List specific accommodations requested and approved: ____________________________

### SIGNATURES

Student Signature: ____________________________ Parent/Guardian Signature: ____________________________