

2017 AP Exam Registration

To Avoid Late Fees pay before 3/15/17

STUDENT INFORMATION

Name: _____
Full Legal Name Last First Student ID #

List exams you are taking:

_____ AP Chemistry, May 1, 8:00 am	_____ AP Physics C: Mechanics, May 8, 12:00 pm
_____ AP Computer Science A, May 2, 8:00 am	_____ AP Calculus AB, May 9, 8:00 am
_____ AP Spanish Language, May 2, 8:00 am	_____ AP Spanish Literature, May 9, 12:00 pm
_____ AP English Lit & Comp, May 3, 8:00 am	_____ AP French Language, May 9, 12:00 pm
_____ AP US Government & Pol, May 4, 8:00 am	_____ AP Statistics, May 11, 12:00 pm
_____ AP US History, May 5, 8:00 am	_____ AP European History, May 12, 12:00 pm
_____ AP Biology, May 8, 8:00 am	Other AP Test _____

If alternate dates are needed for testing please see Mrs. Bryson. Late Test _____

ACCOMMODATIONS

If you have requested and been approved by the College Board for testing accommodations, please See Mrs. Rasmussen by 2/17/17.

SIGNATURE

Student Signature: _____

TEST FEE SCHEDULE

REGISTRATION CLOSES 4/7/17 NO EXCEPTIONS

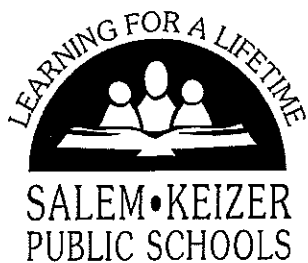
Regular Exam fee: \$63.00 per exam if paid by 3/15/17 **Non Refundable**

Late registrations (3/16/17 through 4/7/17) require an additional \$55.00 fee per test.

Students who qualify for the Federal Food Program pay a **\$15.00 deposit per test which is refundable after taking the test.** (complete reverse side of this form)

Please make checks payable to: WSHS
We accept VISA, MasterCard, and Discover

A non-refundable surcharge of 2.75% will be imposed on the transaction amount, which is not greater than our cost of acceptance.



DAVE HARVEY, Director
Food and Nutrition Services
3625 Fairview Industrial Drive SE • Salem, Oregon 97302
503-399-3091 • FAX: 503-391-4073

Christy Perry, Superintendent

**SHARING FREE OR REDUCED-PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

- Educational/School related program fee waiver/reduction
- School Counselor programs (Testing fees, tutoring, college applications, etc.)
- Athletic Programs fee waiver/reduction
- Administrative School Programs fee waiver/reduction
- Other programs fee waiver/reduction – (Medical/Dental Program Fees)
- Do not share with State Children's Health Insurance Program
- Do not have any health insurance

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

For more information, call 503-399-3091 x224.
Return this form to: 3625 Fairview Industrial Drive SE, Salem, OR 97302.

This Institution is an equal opportunity provider.