

**AP / CTE TEST REIMBURSEMENT REQUEST FOR SY 2017-18 EXAMS**

***PARENTS MUST SUBMIT FORMS TO THE HIGH SCHOOL OFFICE BY SEPTEMBER 28, 2018.***

STUDENT INFORMATION		
Name _____	ID Number _____	School _____
Address _____		
City _____	State _____	Zip _____
Parent/Guardian Name _____		
<b>AFTER VERIFICATION, REIMBURSEMENT CHECKS WILL BE MAILED TO THE PARENT AT THE ADDRESS ABOVE.</b>		

AP EXAMS		
CHECK THE 2018 AP EXAM(S) THAT EARNED A 3, 4, OR 5		
<input type="checkbox"/> English Language and Composition <input type="checkbox"/> English Literature and Composition <input type="checkbox"/> European History <input type="checkbox"/> Government and Politics: Comparative <input type="checkbox"/> Government and Politics: United States <input type="checkbox"/> Human Geography <input type="checkbox"/> Macroeconomics <input type="checkbox"/> Microeconomics <input type="checkbox"/> Psychology <input type="checkbox"/> United States History <input type="checkbox"/> World History	<input type="checkbox"/> Calculus AB <input type="checkbox"/> Calculus BC <input type="checkbox"/> Statistics <input type="checkbox"/> Computer Science A <input type="checkbox"/> Computer Science Principles <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Environmental Science <input type="checkbox"/> Physics 1 <input type="checkbox"/> Physics 2 <input type="checkbox"/> Physics C	<input type="checkbox"/> Latin <input type="checkbox"/> French Language and Culture <input type="checkbox"/> Spanish Language and Culture <input type="checkbox"/> Art History <input type="checkbox"/> Music Theory <input type="checkbox"/> Studio Art: Drawing <input type="checkbox"/> Studio Art: 2-D Design <input type="checkbox"/> Studio Art: 3-D Design <input type="checkbox"/> Other: _____
<b>THE COPY OF YOUR AP and/or CTE SCORE REPORTS MUST BE PRESENTED TO SCHOOL PERSONNEL AND ATTACHED TO THIS FORM.</b>		
Total AP Exams w/ Score of 3, 4, or 5 _____ x \$94.00 = Cost _____		
<b>TOTAL REIMBURSEMENT FOR ALL OF THE ABOVE = \$ _____ CHECK # _____</b>		
<b>FOR OFFICE USE ONLY</b>		
<b>RECEIVED BY</b> _____ (Office Personnel)	<b>DATE</b> _____	
<b>VERIFIED BY</b> _____ (Administrator or Counselor)	<b>DATE</b> _____	