

Name _____

Date _____

AP PAYMENT FORM 2020-21

**IMPORTANT!!!! Students MUST also register ONLINE to take the exams.
We will be unable to order an exam for students not completing this step.**

If you choose to participate in the AP examination(s) in May, there is a **\$98 per test**, which includes the test itself and AP program fees. Please attach a check payable to "Arrowhead High School". Partial refund available upon request only to students dropping the class at semester.

FIRM DEADLINE: FRIDAY, NOVEMBER 6, 2:45

North or South Campus Guidance Office

**WHICH EXAM
ARE YOU TAKING?**

**✓ HAVE YOU REGISTERED
ONLINE FOR THIS EXAM?**

**✓ HAVE YOU ATTACHED
\$98 PER EXAM?**



I understand that this is only a payment form, and that I must also register for my exam(s) online **NO LATER THAN NOVEMBER 6 at 2:45 P.M.** This is a **FIRM DEADLINE**, and no late orders will be accepted.

I understand that I am responsible for checking the AP testing schedule on the AHS website and arriving to the test on time.

I agree to follow all College Board and Arrowhead High School testing policies as outlined in the College Board's *2020-21 AP Bulletin* and the Arrowhead High School *Student and Parent Information Guide*.

Student Signature

Parent signature

Please check if you currently receive free or reduced lunch and you are requesting that AP fees be waived.

OFFICE USE ONLY: Amount received _____ Check # _____ By _____ Date _____ FRL verified _____

