

MHS REGISTRATION FOR **AP** EXAM SESSION – MAY 2012

DEADLINES

- **Monday, October 31, 2011: Regular Deadline to register and pay for AP exams.**
- AP fees are refundable (less \$10.00) until April 1, 2012

Please complete all required information on both sides of this form and write legibly. This information is needed to complete your registration, and to communicate your results accurately to colleges. **You must bring this form with you when you pay examination fees in the Business Office.**

Name: _____ **Current Grade:** _____
(Print name as you wish it to appear on all AP records)
Date of Birth: ___/___/___ **MHS ID#:** _____ Male ___ Female ___
Mo/day/year
Home Address: _____ **Zip:** _____
Counselor: _____ **Phone Number:** _____ **Email:** _____
Are you eligible to participate in the school Free or Reduced Price Meal Program? Yes___ No___ Maybe?___

AP EXAM REGISTRATION (Please check all exams you wish to take. Teacher signature is required)

___ Spanish Language _____
___ French Language and Culture _____
___ Chinese Language and Culture _____
___ Latin: Vergil _____
___ Calculus AB _____
___ Calculus BC _____
___ Statistics _____
___ United States History _____
___ Physics B _____
___ Chemistry _____
___ Biology _____
___ *OTHER* : _____

___ **TOTAL NUMBER OF AP EXAMS YOU ARE TAKING**

➤ **AP EXAM FEES**

| | | |
|----------------------------------|-----------------|---|
| 1. Exam fee of \$87.00 per exam | \$ _____ | |
| 2. Financial assistance | <\$ _____> | (Verification by school personnel: _____) |
| 3. \$8.00 late fee (after 10/31) | _____ | |
| \$20.00 late fee (after 1/20) | | |
| TOTAL AMOUNT TO BE PAID: | \$ _____ | Payment verification: _____ |

Pay in Business Office. Make checks payable to Montgomery High School and make sure your name is on the check. Have this form signed paid by the financial secretary as proof of payment. **Please write separate checks for AP and IB fees.** Thank you.

Please complete the following information. This is required for statistical purposes only. Thank you.

Primary Language(s): _____

Ethnicity: African-American _____ Hispanic/Latino: _____
 Asian: _____ American Indian or Alaska Native: _____
 Caucasian: _____ Pacific Islander: _____ Filipino: _____
 Other (please identify): _____

Nationality: U.S.A. _____ Other (please identify): _____

Information on financial assistance: If you cannot afford to pay the exam fees, please apply for financial assistance. Applications are available from your teacher, in the business office, in room 27 and online. Students who qualify for federal aid pay a fee of \$5.00 for each exam. Other scholarships are available if you do not qualify for federal assistance.

Income Eligibility Guidelines for Federal Fee Assistance (Effective from July 1, 2011 to June 30, 2012)

| 48 Contiguous States, D.C., Guam and Territories | | | | | |
|--|----------|---------|---------------|-----------|--------|
| Persons in Family or Household Size | Annual | Monthly | Twice-Monthly | Bi-Weekly | Weekly |
| 1 | \$20,147 | \$1,679 | \$840 | \$775 | \$388 |
| 2 | 27,214 | 2,268 | 1,134 | 1,047 | 524 |
| 3 | 34,281 | 2,857 | 1,429 | 1,319 | 660 |
| 4 | 41,348 | 3,446 | 1,723 | 1,591 | 796 |
| 5 | 48,415 | 4,035 | 2,018 | 1,863 | 932 |
| 6 | 55,482 | 4,624 | 2,312 | 2,134 | 1,067 |
| 7 | 62,549 | 5,213 | 2,607 | 2,406 | 1,203 |
| 8 | 69,616 | 5,802 | 2,901 | 2,678 | 1,339 |
| Each Add'l Member Add | +\$7,067 | +589 | +295 | +272 | +136 |

Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 1 on the 1040EZ). **Students who are eligible to participate in the Federal Free or Reduced-Price Meal Program meet these eligibility guidelines.**

Statement of Income Eligibility for Federal Test Fee Assistance

I, _____, parent/guardian, of _____ (student's name), have received a copy of the **Federal 2011–2012 Annual Low-Income Levels***. I certify that my family household income is within the income guidelines for a family of _____ (write number of family members). I agree to pay the full cost of the fees if my child fails to take the exam(s), except for reasons due to serious illness/injury.

Parent/Guardian Signature

Date

*Household income does not exceed 185 percent of the federal poverty income guidelines.

Application for MHS AP/IB Fee Assistance

I, _____, parent/guardian, of _____ (student's name), am requesting financial assistance from MHS to pay for the cost of AP/IB exams. Based on my family household income, we do not qualify for federal exam assistance. I certify that my annual gross family household income is \$ _____ for a family of _____ (write number of family members). I agree to pay the full cost of the fees if my child fails to take the exam(s), except for reasons due to serious illness/injury.

Student is taking _____ IB exams and _____ AP exams. Scholarship amount requested from MHS: \$ _____

Parent/Guardian Signature

Date

School official: Award \$ _____ IB \$ _____ AP

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| 3 | 34,281 | 2,857 | 1,429 | 1,319 | 660 |
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