

# MHS REGISTRATION FOR **IB** EXAM SESSION – MAY 2012

## DEADLINES

- **Monday, October 31, 2011: Regular Deadline to register and pay for IB exams**
- IB registration fees are non-refundable after November 14, 2011; subject fees, less \$15.00, are refundable until January 13, 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 IB records)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **MHS ID#:** \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_  
Mo/day/year

**Home Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Check one: \_\_\_\_ **D** (Diploma candidate in grade 12)  
 \_\_\_\_ **A** (Anticipated Diploma candidate in grade 11)  
 \_\_\_\_ **C** (Certificate candidate taking individual IB courses)

Are you eligible to participate in the school Free or Reduced Price Meal Program? Yes\_\_ No\_\_ Maybe?\_\_

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

____ ENGLISH A1 HL (grade 12)			
____ SPANISH B HL _____	SL _____		_____
____ FRENCH B HL _____	SL _____		_____
____ MANDARIN B: HL _____	SL _____	AB Initio: _____	_____
____ LATIN HL _____	SL _____		_____
____ HISTORY HL (grade 12)			_____
____ ANTHROPOLOGY SL			_____
____ CHEMISTRY STANDARD			_____
____ PHYSICS STANDARD			_____
____ BIOLOGY HL _____	SL _____		_____
____ MATH STUDIES SL (AcTrig)			_____
____ MATH HL _____	SL (Calculus AB) _____		_____
____ ART HL (grade 12)			_____
____ ART SL STUDIO OPTION A			_____
____ ART SL RESEARCH OPTION B			_____
____ FILM HL (grade 12)			_____
____ MUSIC HL: _____	SL: _____		_____
____ <i>OTHER</i> : _____			_____

\_\_\_\_ **TOTAL NUMBER OF IB EXAMS YOU ARE TAKING**

\_\_\_\_ **GRADE 12 DIPLOMA STUDENT-EXTENDED ESSAY SUBJECT:** \_\_\_\_\_  
**TOPIC:** \_\_\_\_\_ **Advisor signature:** \_\_\_\_\_

**IB EXAM FEES**

- 1. REGISTRATION FEE: \$70.00  
(Grade 12 Diploma students who registered and took exams last year do NOT pay a registration fee.) \$ \_\_\_\_\_
  - 2. SUBJECT FEES (\$100.00 per exam) \$ \_\_\_\_\_ (\$100.00 x \_\_\_\_\_ number of exams)
  - 4. TOK/EXTENDED ESSAY FEE (\$30.00) \$ \_\_\_\_\_ (Grade 12 diploma students only)
  - 3. \$8.00 late fee (after October 31) \$ \_\_\_\_\_  
\$100.00 late fee (after November 14)
  - 4. Financial assistance <\$ \_\_\_\_\_> (Verification by school personnel: \_\_\_\_\_)
- TOTAL AMOUNT TO BE PAID:** \$ \_\_\_\_\_

*Payment verification:* \_\_\_\_\_ *Cash/\$* \_\_\_\_\_ *Check #* \_\_\_\_\_ /*amount* \_\_\_\_\_

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.**

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

Primary Language(s): English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: (Please list.) \_\_\_\_\_  
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 registration fee of \$5.00 plus a subject 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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