

2017 AP Test Registration EAST WEST

Name _____

Grade: _____

Please indicate the AP Test(s) you will take in May 2017 by placing an "X" in the appropriate box(es). Eligibility for fee reduction is defined below along with special education.

Return this form and payment to Mrs. Collins in the ZW Counseling Office NO LATER than 2:40 on Friday, February 24th. LATE FORMS WILL NOT BE ACCEPTED!!!!!!

Test	Date	Time	Fee	Regular Payment	Fee Reduction Payment @\$30
AP Biology	5/8	7:30	\$97		
AP Calculus AB	5/9	7:30	\$97		
AP Chemistry	5/1	7:30	\$97		
AP Computer Science	5/2	7:30	\$97		
AP English LANGUAGE	5/10	7:30	\$97		
AP English LITERATURE	5/3	7:30	\$97		
AP Environmental Science	5/1	7:30	\$97		
AP Music Theory	5/8	7:30	\$97		
AP Physics 1	5/2	11:30	\$97		
AP Psychology	5/1	11:30	\$97		
AP Spanish Language	5/2	7:30	\$97		
AP Statistics	5/11	11:30	\$97		
AP Studio Art	4/27		\$97		
AP US Government	5/4	7:30	\$97		
AP US History	5/5	7:30	\$97		
AP World History	5/11	7:30	\$97		
AP MACRO economics	5/10	11:30	\$97		
AP MICRO economics	5/12	7:30	\$97		

Total Number of Tests

Total Payment Due

Please attach a check or money order made payable to "Zeeland Public Schools" for the total amount indicated above. Credit cards are not accepted.

****Please check the space if you: _____ receive special education support or _____ have a 504 plan****

Fill out this section **ONLY** if your child is eligible for a fee reduction. Submit payment of **\$30 per exam.**

I am requesting a fee reduction based on the following:

or reduced hot lunch

Medicaid (copy of the Medicaid card is required)

Income guidelines on the back of this paper (copy of tax 2016 return is required)

Parent Signature _____

Counselor Initials _____

Size of Family Unit	Annual Family Income*	Annual Family Income*	Annual Family Income*
		for Alaska	for Hawaii
1	\$21,978	\$27,454	\$25,290
2	\$29,637	\$37,037	\$34,096
3	\$37,296	\$46,620	\$42,902
4	\$44,955	\$56,203	\$51,708
5	\$52,614	\$65,786	\$60,514
6	\$60,273	\$75,369	\$69,320
7	\$67,951	\$84,952	\$78,126
8	\$75,647	\$94,572	\$86,969
Each add'l family member add:	\$7,696	\$9,620	\$8,843

* The figures shown under family income represent amounts equal to 185 percent of the 2016-17 federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published in the *Federal Register*, Vol. 81, No. 81, 3/23/16, p. 15503.