2018 AP Test Registration for Zeeland High School

Name _____ Grade: _____

Please indicate the AP Test(s) you will take in May 2018 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 or Mrs. Lyles in the ZW Counseling Office NO LATER than 3:00 on FRIDAY, FEBRUARY 23rd. Forms turned in AFTER this deadline will be charged a $25 late fee PER TEST. Forms WILL NOT BE ACCEPTED after March 2nd due to test order deadline!!!!!!

Test	Date	Time	Fee	Regular Payment 2/23/18 by 3:00 pm	Late Payment $25 per test Form turned in AFTER 3:00 on 2/23/18 but BEFORE 3:00 on 3/2/18	Fee Reduction Payment @$30
Biology	5/14	7:30	$100			
Calculus AB	5/15	7:30	$100			
Calculus BC	5/15	7:30	$100			
Chemistry	5/7	7:30	$100			
Computer Science A	5/15	11:30	$100			
English **LANGUAGE**	5/16	7:30	$100			
English **LITERATURE**	5/9	7:30	$100			
Environmental Science	5/10	11:30	$100			
Music Theory	5/14	7:30	$100			
Physics 1	5/8	11:30	$100			
Physics C - Mechanics	5/14	11:30	$100			
Physics C - Electricity & Magnetism	5/14	1:30	$100			
Psychology	5/7	11:30	$100			
Spanish Language	5/8	7:30	$100			
Statistics	5/17	11:30	$100			
Studio Art	**5/3**		$100			
US Government	5/10	7:30	$100			
US History	5/11	7:30	$100			
World History	5/17	7:30	$100			
MACROeconomics	5/16	11:30	$100			
MICROeconomics	5/18	7:30	$100			

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**.** **CASH and Credit cards are NOT accepted. NO REFUNDS WILL BE GIVEN FOR CANCELLED EXAMS.**

****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:

____My student receives free or reduced hot lunch
____My student is enrolled in Medicaid (copy of the Medicaid card is required)
____My family falls below the income guidelines on the back of this paper (copy of tax 2017 return is required)

Parent Signature _____ Counselor Initials _____

Size of Family Unit	Annual Family Income*	Annual Family Income* for Alaska	Annual Family Income* for Hawaii
1	$22,311	$27,861	$25,461
2	$30,044	$37,537	$34,540
3	$37,777	$47,212	$43,438
4	$45,510	$56,888	$52,337
5	$53,243	$66,563	$61,235
6	$60,976	$76,239	$70,134
7	$68,709	$85,914	$79,032
8	$76,442	$95,590	$87,931
Each add'l family member add:	$7,733	$9,676	$8,899

* The figures shown under family income represent amounts equal to 185 percent of the 2017-18 federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published in the *Federal Register*, Vol. 82, No. 67, 4/10/17, pp. 17182-84.