2017 AP Test Registration

Today's Date_____

Name_____   **Phone** _____

Student Number _____

Cost $92.00 per requested test.

Tests Requested

    1. _____   **$**_____

    2. _____   **$**_____

    3. _____   **$**_____

                                Total Cost $_____

I understand that should I choose at any time not to take any requested test, I will be charged a $20.00 processing fee per test.

Student Signature_____

Parent Signature_____

Please submit this form with a copy of your receipt to Mrs. Lisa Meranda, Financial Office, on or before March 17, 2017.