

Early College Scholars ACCUPLACER Diagnostic

Please Print

Student Name: _____ Student ID Number: _____
Student Cell Phone
Student Signature: _____ Number: _____

In order to prepare myself for the Early College Scholars Program application:

1. I have paid/ received a waiver for the \$26 test and support cost.
2. I will take the ACCUPLACER Diagnostic either Saturday, January 7th or 21st, whichever date is offered. I understand that this will be the ONLY testing date available to me.
3. I understand that from January 30th to April 6th, a computer lab will be open after school so that I can work on MyFoundations.
4. I will work with MyFoundations as often as possible outside of school, knowing that the more I use it, the better my ACCUPLACER score will be.
5. I will take the Montgomery College ACCUPLACER the week of April 16th, and I will do my best on that test.

Parent(s)/Guardian(s)

Name: _____

Signature: _____ Student Cell Phone
Number: _____

**DUE TO MR. SULLIVAN OR MS. CUMMINGS BY
2:30 P.M. DECEMBER 21ST**

ACCUPLACER Diagnostic

2012 Test Fee Waiver Application Form

Information provided on this form will remain confidential

If you meet one or more of the guidelines below, complete and return this form ASAP to be considered for a fee waiver for the Early College Scholars ACCUPLACER Diagnostic test.

Student Name: _____

Student ID: _____

To the best of my knowledge:

_____ I do NOT qualify for a fee waiver

_____ I DO qualify for a fee waiver

_____ My student is eligible for the free or reduced lunch program

_____ My family receives assistance under Part A of Title IV of the Social Security Act

_____ My student is eligible to receive medical assistance under the Medicaid Program under Title XIX of the Social Security Act

_____ My student is a member of a family whose taxable income for the preceding year did not exceed 185% of the poverty level as established by the US Census Bureau. The table below lists the annual family incomes, by family size at 185% of the poverty level.

Size of Family Unit	Annual Family Income (not to exceed this amount)
1	\$20,036
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,649
For each additional person add:	\$6,919

Parent Signature: _____ Date: _____