

2010 AP Exam Registration

THOMAS S. WOOTTON HIGH SCHOOL

Student Name: _____
 Full Legal Name **First** **Last** **STUDENT ID# (6 DIGIT)**

Grade: _____ **Phone Number:** _____ **email address:** _____

EXAM FEES

Registration forms must be **COMPLETE** and received during the Feb. 1st – Feb. 12th, 2010 registration period. The cost is \$86.00 per exam. Please be advised, any exam requested after 3-5-2010 must be special ordered from CollegeBoard which will incur a \$50.00 late fee PER EXAM. **Bring completed forms ONLY during your lunch period to Counseling office conference room.**

Registration Dates:

- Feb. 1 – 3 Psychology exam registration
- Feb. 4 – 5 AP Language and AP Literature registration
- Feb. 8 NSL and World History registration
- Feb. 9 – 12 All other exams
- Feb. 16-26 **Late registration must see Mrs. Hitchcock to arrange.**

If you are taking multiple exams, please register for ALL exams on the FIRST appropriate day listed above. Are any of your exams scheduled on the same day and time? If so, you MUST see Mrs. Hitchcock.

Check One:

- Regular Exam: \$86 per exam
- Late registration: (After 3-5-2010: \$136 per exam)
- Fee-Reduced (Student has qualified for free or reduced-price lunch program. MUST SEE MRS. HITCHCOCK)

Exam Name: _____ **Exam Date:** _____ **Teacher:** _____ **Period:** _____

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Exam Name: _____ **Exam Date:** _____ **Teacher:** _____ **Period:** _____

(IF TAKING MORE THEN FOUR EXAMS, PLEASE LIST ADDITIONAL EXAMS ON THE BACK OF THIS FORM)

Total # of Exams Ordered: _____ **Total Amount Due:** _____

Check amount: _____ Check number: _____ Date Received: _____ Received by: _____

EXAMS MUST BE PAID BY CHECK WITH STUDENT'S ID# AND MADE PAYABLE TO THOMAS S. WOOTTON H. S.

ILLNESS POLICY

- If a student is not able to take a test due to illness, and wants to reschedule the exam, a parent or physician's excuse is required and MRS. HITCHCOCK **must** be notified on their originally scheduled exam date.
- If a student does not reschedule the missed exam, they will be charged an additional \$13.00 fee per exam (CollegeBoard Fee).

TESTING ACCOMMODATIONS

Are you approved by College Board for testing accommodations? YES _____ NO _____
 If YES, what are your accommodations? _____ Do you plan to use accommodations? YES _____ NO _____

REQUIRED SIGNATURES

I have read the policies regarding late registration, missed exams, over lapping exam times, and accommodations.

Student Signature: _____ **Parent/Guardian Signature:** _____

2010 AP EXAM REGISTRATION

IF YOU ARE SCHEDULED TO TAKE TWO EXAMS AT THE SAME TIME, YOU MUST SEE
MRS. HITCHCOCK **BEFORE** YOU REGISTER.
LATE EXAMS ARE SCHEDULED BY COLLEGE BOARD ON ASSIGNED DAYS

ADDITIONAL EXAMS

ONLY use this if you will be taking more than the four exams indicated on the front of this form

5th Exam Name: _____ Exam Date: _____ Teacher: _____ Period: _____

6th Exam Name: _____ Exam Date: _____ Teacher: _____ Period: _____

7th Exam Name: _____ Exam Date: _____ Teacher: _____ Period: _____

8th Exam Name: _____ Exam Date: _____ Teacher: _____ Period: _____

AP EXAM DATES & TIMES FOR MAY ARE BELOW