THIS IS YOUR AP EXAM REGISTRATION FORM for LHS. YOU MUST ALSO REGISTER ON THE COLLEGE BOARD WEBSITE!

\$40 non-refundable first payment per test is due to Mrs. Seegren in the School Counseling Office by Tuesday, November 1, 2022.

Student Name:							
			Last		First		Middle Initial
Grade: Advisor:			Best contact phone #				
1. (DATE 5/1 5/2 5/5 5/3 5/3 5/3 5/4 5/4 5/4 5/5 5/5 5/5 5/5 5/5 5/8 5/8	TIME 7:45 am 12:00 pm 7:45 am 12:00 pm 7:45 am 12:00 pm 12:00 pm 12:00 pm 7:45 am 7:45 am 7:45 am 7:45 am 7:45 am 12:00 pm 7:45 am	A Maryland has e allows public a students who c waiver means i student registe APPLY. Please review the 'Exempt' of My child is Program, My child is not excee	ATTENTION PARENTS: Ca entered into a fiscal contract and private schools to provin ualify based on one of sev that exam(s) can be taken rs late, or cancels their exa the conditions below and c potion in the fee section below as eligible for the free and re receives assistance under a eligible to receive medica Title XIX of the Social Sec a member of a family who d 185% of the poverty leve	onfidential fee ct with the Coll de AP exam fe reral criteria. (<u>at no cost</u> to t am, the \$40 fe check all that a ow. educed lunch p er Part A of Titl al assistance u urity Act. ose taxable inte el as establishe	waiver information. Hege Board that be waivers to Getting a test fee the student. However, if a e from College Board DOES upply to your family. <i>Please note</i> program. He IV of the Social Security Act.
	AP Spanish Lang & Cultur AP Biology AP World History AP Physics 1	re5/10 5/10 5/11 5/11	12:00 pm 7:45 am 12:00 pm 7:45 am 12:00 pm	Family Size 1 2 3	Annual Family Income \$25,142 \$33,874 \$42,606	Family Size 5 6 7	Annual Family Income \$60,070 \$68,802 \$77,534
	* I am taking tests that overla	<u>y uute &</u>	<u>ume</u>	4	\$51,338	8	\$86,266

Each add'l family member add \$8,732.

2. Calculate your fee.

DEADLINE Tuesday, November 1 \$40 Deposit PER TEST. Total Balance Due Wednesday, March 1, 2023 - Payment and this form should be returned to Mrs. Seegren in the School Counseling Office. Checks should be made to Liberty High School. The \$40 deposit per exam will be deducted from your total amount due.

**Seminar & Research Test - If the student is taking the Seminar or Research test the cost of that test is \$145.00/test. Test not eligible for fee reduction.

Cost Per Test	1 st 2 nd		3 rd	4 th + (All additional tests will be \$32 after the \$40 non-		
				refundable deposit)		
Test Fee (Inc. Deposits)	\$97.00	\$97 +\$97 = \$194.00	\$97+\$97+\$77.00=\$271.00	\$97+\$97+\$77+\$72.00=\$343.00		
Paying Deposits Only	\$57.00	\$114.00 (\$57+\$57)	\$151.00 (\$57+\$57+\$37)	\$183.00 (\$57+\$57+\$37+\$32)		

3. Make payment (indicate payment method):

CHECK #		CASH
Please make checks payable to Lib	erty	High School



Late Orders/Late Testing: ANY exam ordered after November 1, 2022 will be assessed a late fee of \$40 per exam, in addition to the cost of the exam. No exams can be ordered after March 1, 2023. Late testing (for an allowable conflict) can be arranged for a fee of \$40 per exam. Late exams must be ordered by March 1, 2023. Exams that have a * are College Board schedule conflicts. If a student wants to take two exams scheduled at the same time, they will take one as a late test. They will not have to pay the additional \$40.

Refunds: If a student registers for an exam and cancels before March 1, 2023, a partial refund will be issued. (The \$40 cancellation fee will apply, and the remaining balance per test will be refunded.) No refunds will be issued after March 1, 2023.

4. Sign that you have reviewed the fee waiver info, checked for test conflicts and understand the late order and refund policies.

Student Signature: ______Date: _____ Parent Signature: ______Date: _____Date: ____Date: _____Date: ____Date: _____Date: ____Date: ____Date: ____Date: ____Date: ____Date: ____Date: ____Date: ____Date: ____Date: _____Date: ____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ____Date: ___Date: ____Date: ____Date: ___Date