Carter High School

Fall 2020 AP Exam Order Form

All students must return this form with payment to Mrs. Briano by November 6.

Name: ______ Student ID: _____

Cell Phone: Grade:

Do you have financial need for the AP Exam? **YES NO**

If YES, you **MUST** fill out a *Request for AP Exam Financial Assistance Form (attached)*

Please circle the exam(s) you plan to take below.

ONLY register for **BOLD**, **GRAY** FALL AP Courses in which you are currently enrolled. Spring Course Exams will be ordered in 2021

Date	Time	Test	Cost Regular Reduced	Join the Remind Group to receive testing updates!
Monday, May 3	8:00 AM	US Government & Politics	\$95 \$23	Text @chsapusg to 81010
Tuesday, May 4	8:00 AM	Calculus BC	\$95 \$23	Text @apcalchs to 81010
Tuesday, May 4	12:00 PM	Human Geography	\$95 \$23	Text @chsaphuma to 81010
Thursday, May 6	8:00 AM	United States History	\$95 \$23	Text @chsapushis to 81010
Wednesday, May 12	8:00 AM	English Language & Comp	\$95 \$23	Text @chsapen to 81010
Friday, May 14	8:00 AM	Biology	\$95 \$23	Contact Alisha Gilbert
		TOTAL DUE	\$	

Exams can be **paid for online*** on the CHS website or by **checks** and **money orders** made out to <u>Carter High School</u>. Please include your **name** and the **exam(s)** you are taking in the memo line. If you pay in **cash**, please bring exact change.

COVID-19 CHANGE: If you decide NOT to take an exam after ordering it, there is NO cancellation fee and your money can be returned to you. Cancellations MUST be received in writing to Mrs. Briano by March 10, 2021 or else you will NOT receive a refund.

You only need to apply for financial aid once per school year. If you submit an approved financial aid form in the fall, you will automatically qualify for assistance in the spring.

*If you pay through School Cash Online, the cost of the exam will be \$100 (full price) and \$25 (reduced fee) to cover the fees charged by the online payment company. Bring this order form to Ms. Briano and email your receipt to emily.briano@knoxschools.org

Carter High School Request for AP Exam Financial Assistance

DUE DATE: on or before November 6 (must be submitted with exam order form)

Student's Name	Student's Signature
Parent Name	Parent Signature
Once the AP exams cost of the exam.	are ordered, if the student does not take the exam, the family is responsible for the full
I am requesting:	Full Financial Assistance (help with all exams)
	Partial Financial Assistance (help with one or more exam, if taking 2+ exams)
Demonstration of F	i nancial Need (please check if any apply)
	ceived or am eligible to receive an ACT or SAT testing fee waiver. ble for <i>and enrolled in</i> the Federal Free or Reduced Price Lunch Program ee below
understanding your A request for assist	inancial Assistance: Below, please explain any circumstances that would assist us in situation and reason to request financial assistance. (Attach additional sheet if necessary) ance is not a guarantee, as we must consider all requests. However, please assume that en approved unless you hear otherwise from the AP Coordinator.

Questions? Contact Emily Briano emily.briano@knoxschools.org 865-933-3434 x 72017

School Use Only

___Approved

Denied