

Carter High School
Fall AP Exam Order Form

All students must return this form with payment to Ms. Davenport by November 8.

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 February.*

Date	Time	Test	Cost
Monday, May 4	8:00 AM	US Government & Politics	\$94 // \$23
Tuesday, May 5	8:00 AM	Calculus BC	\$94 // \$23
Tuesday, May 5	12:00 PM	Human Geography	\$94 // \$23
Wednesday, May 6	8:00 AM	English Literature & Composition (12th Grade)	\$94 // \$23
Wednesday, May 6	12:00 PM	European History	\$94 // \$23
Friday, May 8	8:00 AM	US History	\$94 // \$23
Tuesday, May 14	12:00 PM	Human Geography	\$94 // \$23
Wednesday, May 13	8:00 AM	English Language (11th Grade)	\$94 // \$23
		TOTAL DUE	\$ _____

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

No refunds will be given if you do not show up for the test.

You will also be required to pay the \$15 unused exam fee.

Orders placed after November 15 incur a \$40 late fee.

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

Carter High School
Request for AP Exam Financial Assistance

DUE DATE: on or before November 8 (must be submitted with exam order form)

Student's Name

Student's Signature

Parent Name

Parent Signature

Once the AP exams are ordered, if the student does not take the exam, the family is responsible for the full cost of the exam.

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 Financial Need (please check if any apply)

_____ I have received or am eligible to receive an ACT or SAT testing fee waiver.

_____ I am eligible for ***and enrolled in*** the Federal Free or Reduced Price Lunch Program

_____ Other--see below

Other Request for Financial Assistance: Below, please explain any circumstances that would assist us in understanding your situation and reason to request financial assistance. (Attach additional sheet if necessary).

A request for assistance is not a guarantee, as we must consider all requests. However, please assume that your request has been approved unless you hear otherwise from the AP Coordinator.

Questions?

Contact Emily Davenport

emily.davenport@knoxschools.org

865-933-3434 x 72017

School Use Only

_____ Approved

_____ Denied