



UNITED INDEPENDENT SCHOOL DISTRICT ADVANCED PLACEMENT EXAM APPLICATION

Student Name _____
 Last First Middle ID #
 Grade _____ DOB _____ Gender _____ Race/Ethnicity _____
 Address _____ Apt. # _____ City _____ Zip Code _____
 Home Phone # _____ Cell Phone # _____
 Father's Name _____ Phone # _____ Emergency Contact _____
 Mother's Name _____ Phone # _____ Emergency Phone # _____

AP Exam	APEX #	AP Teacher	Course EQ.	✓	Check if Exam is Challenged

Income Survey Results (Check One): Eligible for Free Full Price

I understand that I will forfeit the cost of each AP Exam should my child fail to take each AP Exam as listed above.

Initials _____

Print Parent/Guardian's Name _____ Date _____ Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____ Counselor's Signature if challenging AP Exam _____ Date _____

Print AP Coordinator's Name _____ AP Coordinator's Signature _____ Date _____ Principal's Signature (if challenging AP Exam) _____

APPLICATIONS MUST BE TURNED IN TO YOUR CAMPUS AP COORDINATOR BY: _____

Office Use Only

Total Exam Cost _____ Payment Date: _____ Receipt # _____

Method of Payment: Cash Check Check # _____

Amount Paid: _____ Balance Due: _____ Balance Due By: _____

Notes: _____