2017 Advanced Placement Examinations - Student Registration & Data Sheet Northwest School of the Arts - School Code No. 340706

Please fill in the information requested.

AP Candidate Name:	Last	First	Middle		
CMS ID Number:		Grade level (circle):	9 10	11 12	
Home Address:	Street		Apt#		
City	State Zip Cell Phone (student) Pho		Phone (Pa	none (Parent)	
P Exam Fees:					
MS is covering the ex	pense for AP Exams for	r students currently en	rolled in an AP co	urse. If you choose to	
a AP exam for a subje	ect in which you are not	enrolled, a fee of \$93.	00 PER EXAM mu	ist be collected.	
tudents enrolled in A	P Courses are required	to take the AP Exam.	If a student registe	ers for an AP Exam a	
oes not show up for th	ne exam a cancellation f	ee of \$15.00 will be col	lected to cover the	cost of the unused ex	
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(Parent)

(Student)



Application for Need-Based Assistance Waiver 2016-17 AP Exams

Students who have been approved for free or reduced-price meals through Charlotte-Mecklenburg Schools Child Nutrition Services or families who meet one of the criteria listed below will qualify for grant funding to cover either all or partial costs of the AP exam(s). In order to maximize possible reimbursements of exam fees, it is requested that families eligible based on the criteria listed below complete and return this form to the school testing coordinator **no later than**Friday, March 10, 2017. If the information below does not apply to your household, disregard this side of the form. Information on this form will not be shared with any other entity or program.

Student Name	
	the child who will be taking the AP exam(s). One mark qualifies
for benefits. Our student participates in the Free and Reduced-Price Lunc	ch Program at school.
Our household size and income are within the limits on the I	ncome Chart below. You must place a mark in the applicable box.
Our family receives Food and Nutrition Services (formerly kn	nown as food stamps).
Our child, who will take the AP exam(s), is a state-appointed	d foster child.
Our child has status as emancipated or qualifies for waiver of	of other school-related fees such as music or arts participation.
Our child has the status of runaway, migrant, or homeless (p	per Section 107 of the Child Nutrition reauthorization Act of 2004).
Our child is eligible to receive assistance under the Medicaio	d Program (per title XIX of the Social Security Act).
Our family or household receives Temporary Assistance for	Needy Families (TANF).
Our family participates in the Food Distribution Program in Ir	ndian Reservations (FDPIR, part of Cherokee Reservation).
INCOME CHARTgoes with statement #2 in chart above Place an 'X' in the box next to the situation that most closely There are 2 people in our family and our yearly income is less than \$29,637. There are 3 people in our family and our yearly income is	matches your family situation. There are 5 people in our family and our yearly income is less than \$52,614. There are 6 people in our family and our yearly income is
less than \$37,296. There are 4 people in our family and our yearly income is less than \$44,955.	less than \$60,273. There are 7 people in our family and our yearly income is less than \$67,951.
By signing this side of the document on the line provide cover all or part of the AP exam fees and affirm the infor	
A CMS student wishing to take AP exam(s) for the classes he/she is enrolled in. All exam costs are covered by NCDPI funding.	Homeschooled, attends a private school, or is a CMS student who wishes to take an AP exam for a class he/she is NOT enrolled in. I must pay the discounted price of \$62 per exam (\$110 for AP Capstone exams).
Parent/Guardian Signature (for need-based assistance only)) Date