



# AP Student Expectations Agreement

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

AP Coordinator: Rob Snyder, Assistant Principal

You are requesting to take an AP course during the 2024-2025 school year. Taking an AP course and exam is a collaborative effort between the school, your parent/guardian and you. Each party plays a role and must make the commitment to meet the expectations noted below.

**The School (AP Teacher and AP Coordinator)** agrees to provide rigorous instruction and challenging course content as described in the AP Course Description. The school will provide the student with a copy of the *Bulletin for AP Students and Parents* and agrees to administer the AP Exam in a fair and secure environment as outlined in the *AP Coordinator’s Manual*.

**The Parent/Guardian** agrees to be familiar with and accept the AP course requirements and policies and agrees to help his/her student organize study time in support of class assignments. The parent/guardian agrees to pay the exam fee as determined by College Board.\* All students enrolled in an AP course at Cedar Crest High School are required to take the AP exam at their own expense. **If payment is not received by the deadline below, students will be removed from the AP course and placed in an alternate class as per school policy.**

**The Student** agrees to organize his/her time and effort to successfully complete the AP course in which he/she is enrolled. The student will notify teachers immediately if he/she falls behind in class readings and/or assignments. The student will be expected to complete assignments, readings and projects outside of class time. The student will take the AP Exam on its scheduled date and time as outlined by the College Board. All students enrolled in an AP course at Cedar Crest High School are required to take the AP exam at their own expense. **If payment is not received by the deadline below, students will be removed from the AP course and placed in an alternate class as per school policy.**

I, \_\_\_\_\_, agree to the conditions outlined above. I understand that the  
(Student Name)

AP Exam fee will be **\$98.00 (per exam)\***. Payment is due by **11/1/2024**. Invoices for AP Exam payment will be distributed to students in October 2024.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The student is responsible for collecting the required signatures and returning this agreement with all other Course Registration materials on 2/5/2024 in order to be officially registered for an AP course(s).

\*AP Exam fee is subject to change dependent upon College Board determined fees.

# 2024-2025 AP Exam Registration

Registration Forms Due: February 5, 2024

## STUDENT INFORMATION

Student Name:	D.O.B:	Grade: (Current)
HR Teacher Name:	Phone:	
Student E-mail:	Parent E-mail:	

## REGISTRATION OF COURSES

Mark the courses you would like to take next school year. Teacher approval and signature is required.

Taking for CHS Credit	AP Exams	Course Name	Current Teacher Signature
		Art History	
		Biology	
		Calculus AB	
		Calculus BC	
		Chemistry	
		Computer Science A	
		Computer Science Principles	
		English Language	
		English Literature	
		Environmental Science	
		European History	
		Human Geography	
		Macroeconomics	
		Physics 1	
		Physics 2	
		Physics C*	
		Psychology CHS	
		Statistics CHS	
		US Government	
		US History	
		Western Civilization CHS	

\*If you sign up for Physics C, you must take the Physics C exam but can also take Physics E & M; speak with Mrs. Light if you have any questions.

## FEES

**Check One:**

- Regular Exam: \$98.00 per exam
- Free or Reduced Lunch Program (student MUST be involved in the Free or Reduced Lunch program at Cedar Crest HS)

**Total # of Exams Ordered:** \_\_\_\_\_ **Total Amount Owed:** \_\_\_\_\_

\*\*Invoices for AP Exam payment will be distributed to students in October 2024\*\*

## SIGNATURES

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

**Payment Due By 11/1/2024:**

Date: \_\_\_\_\_ Check amount: \_\_\_\_\_ Check #: \_\_\_\_\_ OR cash amount: \_\_\_\_\_ Rcvd by: \_\_\_\_\_