GREEN HOPE HIGH SCHOOL
AP EXAM REGISTRATION FORM

Return this form (with exact payment) to Student Services by: *MARCH 6. 2008*
**After this date, late fees will be assessed.

NAME _____ID NUMBER _____ GRADE _____ 2ND PERIOD TEACHER _____

Please check only if this applies to you:

_____I am qualified to have Special Modifications from College Board and wish to use them when taking the AP Exam(s). My approved modifications are:

_____Separate Setting _____Extended Time _____Other _____

Place a check (√) by the exam(s) that you want to take: **If you are scheduled to take more than one exam per session, Mrs. Welsh will contact you to give you an alternate time for one of the tests.

WEEK 1	MORNING SESSION	AFTERNOON SESSION
May 05	_____Government & Politics: US	_____Government & Politics: Comparative _____French Language
May 06	_____Spanish Language _____Computer Science A _____Computer Science AB	_____Statistics
May 07	_____Calculus AB _____Calculus BC **you may choose only one	
May 08	_____English Literature	
May 09	_____US History	_____European History _____Studio Art Portfolios

WEEK 2	MORNING SESSION	AFTERNOON SESSION
May 12	_____Biology _____Music Theory	_____Physics B
May 13	_____Chemistry _____Environmental Science	_____Psychology
May 14	_____English Language	
May 15	_____Macroeconomics	_____Microeconomics
May 16	_____Spanish Literature	

Payment due when registering:

TOTAL Number of Exams ____ X $89	**$_____**
TOTAL Number of Exams ____ X $54(reduced)	**$_____ (for qualified students only)**
TOTAL Number of Exams ____ X $109(late)	**$_____**
TOTAL COST	**$_____**

**Please send in exact amount or make checks payable to Green Hope High School

_____ _____
Student Signature Date Parent Signature Date