

Vancouver Public Schools
Assessment and Performance Management
JPC Main Office
2901 Falk RD.
Vancouver WA 98661

2016-17 ADVANCED PLACEMENT TEST FEE PAYMENT INCOME STUDENT VERIFICATION

The College Board provides funds for eligible students to offset the cost to Advanced Placement (AP) examinations for the year 2016-17 testing session. Complete this form and attach appropriate documentation to verify an AP candidate's eligibility for this program.

	ATE'S NAME		PARENT OR GUARDIAN'S NAME		
SCHOOL	HOOL NAME		WORK PHONE	HOME PHONE	
ADDRES	S		CITY, STATE, ZIP		
Selec	t method used to determine	income for student eligibility	for the AP Test Fee Payn	nent program:	
	Current Free and/or Redu	ced Lunch eligibility.			
	Student's family receives assistance under Part A of Title IV of the Social Security Act .				
	Student is eligible to receive medical assistance under the Medicaid program under Title XIX of the Social Securit Act.				
	Parent/guardian signature	ome – (see chart below for in below certifies that the above ed the 2016 income level liste	-named student's family t		
	Parent/guardian signature	below certifies that the above	-named student's family t		
	Parent/guardian signature	below certifies that the above ed the 2016 income level liste	-named student's family ted below in relation to the	size of the family unit.	
	Parent/guardian signature	below certifies that the above ed the 2016 income level liste Signature of Parent/Guardian	-named student's family ted below in relation to the	size of the family unit.	
	Parent/guardian signature deductions) does not excee	below certifies that the above ed the 2016 income level liste Signature of Parent/Guardian 2016 Annual In	-named student's family to be below in relation to the	size of the family unit. Date	
	Parent/guardian signature deductions) does not exceed the size of Family Unit 1 2	below certifies that the above ed the 2016 income level listed. Signature of Parent/Guardian 2016 Annual In Family Taxable Income	named student's family to be below in relation to the second come Levels Size of Family Unit 5 6	Size of the family unit. Date Family Taxable Income	
	Parent/guardian signature deductions) does not exceed the size of Family Unit 1	Signature of Parent/Guardian 2016 Annual In Family Taxable Income \$21,978	-named student's family to be below in relation to the second process. Size of Family Unit 5	Date Family Taxable Income \$52,614	

For School Use Only

Signature of teacher, coordinator, or school/district administrator responsible for documenting student eligibility signifies that this confidential document is only used for verification of income for student eligibility for the federal AP/IB Test Fee Payment Program. This form and documentation for all methods used to determine income for student eligibility will be kept in a confidential file at the school or district level. This record and documentation to confirm income status is subject to audit. Under ESEA Title I provisions, records must be kept for five years.

Signature of Teacher, Counselor, School/District Administrator Responsible for Documenting Income for Student Eligibility	Date