

# INFORMATION AND INSTRUCTIONS AP REGISTRATION JANUARY 24-MARCH 1

This form can be used to register for ALL your AP 2017 tests. Pick up a form in any of these places:

- any AP teacher
- AP room 2317 (Ms. Madden)
- your guidance counselor;
- CCRC
- ONLINE <http://www3.cpsd.us/>

## PLEASE TAKE NOTE

- The fee is **\$93** for **EACH** test.
- **Reduced** fee is **\$12** for **EACH** test.
- If you think you are eligible for reduced fee, see Ms. Madden in room 2317 immediately.
- **Read form instructions** carefully and complete all sections.
- **Mark your calendar for a mandatory spring pre-registration before APRIL VACATION**
- Be sure you **AND** your parents/guardian sign it!
- **Check or money order preferred form of payment.**
- STAPLE CHECK/MONEY ORDER TO THIS FORM
- DROP OFF IN ROOM 2317 BY March 1, 2017 or send by mail postmarked no later than March 1, 2017 to:

CRLS AP PROGRAM

Attn: Sherry Madden, AP Coordinator

Cambridge Rindge & Latin School

459 Broadway

Cambridge, MA 02138

AP Exam dates: **Monday, May 2 to Friday May 12, 2017**

QUESTIONS? [smadden@cpsd.us](mailto:smadden@cpsd.us) or visit Ms. Madden's room 2317.

**ANY REGISTRATION RECEIVED AFTER MARCH 1, 2017  
WILL REQUIRE AN ADDITIONAL \$35 LATE FEE**

**2017 CRLS AP EXAM SIGN-UP**

**JAN 24-MAR 1, 2017**

**STUDENT INFORMATION (PLEASE PRINT)**

Student Name: \_\_\_\_\_  
Last First M.I.  
E-mail: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Learning community: C R L S Student Cell: \_\_\_\_\_  
Street address: \_\_\_\_\_ Zip code: \_\_\_\_\_

**FEES**

**Check One:**

- Regular Exam: \$93 per exam  
 Fee-Reduced\* Exam: \$12 per exam\*\*  
• \*Student has qualified for free or reduced-price lunch program OR has documentation to show financial need.  
• \*\*If you don't know you qualify for reduced fee, see Ms. Madden directly. (Room 2317)

**LIST ONLY THE EXAMS YOU PLAN TO TAKE THIS IN MAY, 2017.**

COURSE NAME	TEACHER	SPRING OR FALL?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

TOTAL TESTS ORDERED: \_\_\_\_\_  
TOTAL AMOUNT DUE: \$ \_\_\_\_\_

**DEADLINE FOR THIS FORM: MARCH 1, 2017**

Please make checks payable to: "CRLS AP PROGRAM" (checks/money order preferred)

**MANDATORY PRE-ADMINISTRATION SESSIONS – NO EXCEPTIONS**

All students must participate in a pre-administration session to complete exam-related paperwork and exam logistics.  
DATES, TIMES, LOCATION BELOW: **PLAN ACCORDINGLY (SPORTS, ARTS, APPOINTMENTS, etc)**

**SESSION #1 AFTER SCHOOL:** Tue, APRIL 11 in MAIN CAFÉ, 2:45pm -3:45 pm  
**SESSION #2 BEFORE SCHOOL** Wed, APRIL 12 in MAIN CAFÉ 7:10 am – 8:05 am

**CANCELLATION POLICY**

Request via email: [smadden@cpsd.us](mailto:smadden@cpsd.us)

- **Before March 1, 2017:** all but \$16 will be refunded.
- **After March 1, 2017:** no refund

**SIGNATURES**

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**\$35 LATE FEE FOR REGISTRATION RECEIVED**  
**AFTER MARCH 1, 2017**