

## 2016 AP TESTING PERMISSION SLIP

As the legal parent or guardian of \_\_\_\_\_, I give him/her permission and acknowledge he/she will be present for the following AP test dates and times. I also give permission for him/her to use the remaining part of the school day to remain or return home. (see back for test time/dates)

**ALL MORNING EXAM REPORT TIMES ARE 7:15**  
**AFTERNOON REPORT TIME IS 11:30 except:**  
**CHINESE 11 am**  
**PHYSICS E&M 1:30 pm**

<u>NAME OF EXAM</u>	<u>DATE</u>	<u>REPORT TIME</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Please note:** Due to the timing of data entry for regularly scheduled classes and the off-campus AP testing venue, verification for my child's attendance for that test day may be delayed, triggering an automated telephone call. Should that occur, I understand that this matter will be corrected without consequence to my child's attendance record.

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent signature/date

Parent contact telephone(s): \_\_\_\_\_