

AP Test Registration Form (LATE)

Student Name: _____

In the blocks below please list the AP exam(s) for which you are registering and paying for:

AP Course Title:	*Test Fee: \$98.00 per AP Test	** LATE FEE \$40

Registration Deadline: **March 8, 2024 - 3:00 PM**

Total amount due: _____

Check number: _____

Please issue one check for multiple exams. Check should be made out to "DHS Special Funds."

*Payment for students on free and reduced lunch is: \$ 53.00 per exam.

****Late Registration fee is: an additional \$40 per exam.** (applies to all registering in Feb/March)

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Office Use Only

Date Logged _____

Date Deposited _____