South Brunswick High School
2017-2018 Additional Advanced Placement Course Waiver Form
DUE FEBRUARY 24th, 2017

Student’s Name:__________________________________________________________________________________

Counselor:__________________________________________________________________________________________

SBSD strongly recommends only two AP courses per school year.
PLEASE LIST ALL AP COURSES BELOW

If additional courses are requested, a parent must sign the Advanced Placement Waiver Consent Form on the reverse side of this form

Students registering for AP courses:
• Must complete an extensive summer assignment for each class by the designated due date. If the summer assignment is not completed on time, student will be removed from class.
• Are expected to participate in the Advanced Placement Examinations, administered each year in May.
• Each student will be responsible for the cost of the examination.
• Students taking AP courses will be required to pay a $50.00 registration fee per course as part of the “Pay To Participate” program. Payments will be accepted through Community Pass starting July 1st, 2017. The fee is separate from the exam order.
• Additional information can be found at sbschools.org/schools/sbhs under “Pay to Participate Registration Information”

For more information, you may access the following website: http://apcentral.collegeboard.com

Parents and student, please ensure that the following criteria have been met:
• Student has met the prerequisites at time of scheduling and will maintain grades throughout the school year.
• Student understands the requirements and expectations of the course(s), including summer assignments.
• Students who do not complete summer assignments by the due date will automatically be dropped from the course.
• The $50.00 course fee will be paid before the first day of school.

Student’s Signature:_________________________________________        Date:__________________________________

Parent’s Signature:__________________________________________        Date:__________________________________

Counselor’s Signature:_______________________________________        Date:______________________

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revised 2/7/17