

Student Name _____ Grade _____

2016-17 AP EXAM ORDER FORM

THURSDAY, MARCH 9TH, 2017

- ✓ **AP Exams are held between May 1st – May 12^h, 2017.** See attached schedule for specific exam dates
- ✓ **Each AP exam is \$93***
- ✓ **To order:** Submit this form to the Cashier window. Check the 'order' boxes below for each exam.
 - Pay at the Cashier's window **OR** online at <https://touchbase.cksd.wednet.edu/> (full price exams only)
 - Make payments by check out to OHS. Indicate student name and test names on the check
- ✓ **ALL students MUST turn in a completed Field Trip Form:**
- ✓ **FINAL DEADLINE: 3/9/17- All exams must be ordered and paid in full by this date**

✓	AP Exam Title	Teacher	✓	AP Exam Title	Teacher
	Art History	Cassel		Physics 1	Independent
	Biology	Smith		Physics 2	Independent
	Calculus AB	Nelson		Physics C: Electricity /Mag.	Independent
	Calculus BC	Nelson		Physics C: Mechanics	Independent
	Chemistry	Daniel		Psychology	Cassel
	Comparative Gov't & Politics (Sr.)	O'Connor		Statistics	Erickson
	Computer Science A	Nelson		Studio Art: Drawing	Cassel
	Computer Science Principles	Nelson		Studio Art: 2-D	Cassel
	English Language & Comp. (Jr.)	Eisele/Sawyer		Studio Art: 3-D	Cassel
	English Literature & Comp. (Sr.)	Siegel		US History (Jr.)	Huff
	Human Geography	Lant		World History (Soph.)	O'Connor
	Music Theory	McVicker		U.S. Gov't & Politics (Sr.)	Quinn
	OTHER:				
	= TOTAL NUMBER OF TESTS ORDERED				

I wish to order the AP exams marked above, and I am making a commitment to follow the payment and exam schedules. I understand that a \$15 test fee is nonrefundable; however, if a test is ordered but not taken, a student may request a refund of the \$78 balance through Mrs. Kelstrup, ASB Secretary.

Signature of AP Student

Date

***Financial Assistance Requests:** Check the box below that applies to your situation:

- 1) ☐ **I currently qualify for Free or Reduced-Price Lunch.** Pay \$15 per exam at the OHS cashier's window and submit order forms.
- 2) ☐ **I DO NOT qualify for Free/Reduced Lunch** but would like to discuss my options with someone at OHS. (Bring this form to your Counselor or AP Coordinator to discuss)

Olympic High School Student Field Trip Form: AP Testing May 1-12, 2017
Central Kitsap School District No. 401, Silverdale, Washington 98383

***THIS FORM IS REQUIRED FOR ALL EXAMS**

PARENT INFORMATION SECTION: Please read this information. You only need to complete one form regardless of the number of AP tests your student elects to take.

Dear Parent(s)/Guardian(s):

Your student is currently enrolled in one or more Advanced Placement courses through Olympic High School and will take an AP exam in May 2017. The AP testing program is district-wide and most exams are administered off-campus. Arrangements are made for all students taking the exams and Olympic High School students must ride the bus to and from each testing site.

The annual testing period for the 2017 AP exams will occur from **May 1 – May 12, 2017**. You will receive more detailed information about transportation and test locations April. If you have questions, please contact Keri Williams, AP Coordinator, Rebecca Johnson, Principal, 662-2700, or your AP teacher.

2017 OHS AP EXAM SCHEDULE

<u>Day</u>	<u>Morning 7:30 AM</u>	<u>Afternoon - 11:30 AM</u>
WEEK 1		
Monday, May 1st	Chemistry	Psychology
Tuesday, May 2nd	Computer Science A	<i>*Physics 1</i>
Wednesday, May 3rd	English Literature and Composition	Art History
Thursday, May 4th	US Government and Politics	<i>*Physics 2</i>
Friday, May 5th	United States History	--
		Computer Science Principles
		AP Studio Art
WEEK 2		
Monday May 8th	Music Theory	<i>12 noon: *Physics C: Mechanics</i>
	Biology	<i>2:00 pm: *Physics C: Electricity/ Magnetism</i>
Tuesday, May 9th	Calculus AB	French Language and Culture
	Calculus BC	
Wednesday, May 10th	English Language and Composition	--
Thursday, May 11th	Comp Government and Politics	Statistics
	World History	
Friday, May 12th	Human Geography	--

**Courses not offered this year at OHS*

<<<<<<=====-(detach here)=====>>>>>>

APPROVAL SECTION: Please read, complete and sign where designated. Return this part of the form along with the AP Exam Order Form to the Cashier's Window when you order your exams.

I give permission for my student, _____ to ride a District School Bus to and from the AP test sites in order to take the AP tests that must be administered off-campus. The bus will be driven by a District Driver.

Parent /Guardian Signature and Date

**** Please Read, Sign, and Date BOTH SIDES of this document.
RETURN TO MRS. KELSTRUP WITH ORDER FORM & PAYMENT****

CODE OF CONDUCT: I understand that all school and District policies are in effect on trips, such as:

1. No consumption or possession of illegal substances (alcohol, drugs, paraphernalia).
2. Show courtesy and respect toward others at all times.
3. No gambling.
4. No use of tobacco.
5. All rules, including schedules and curfew, will be strictly adhered to.
6. Individually suspected students may be detained by the advisor regarding suspected violations of established rules if there are reasonable grounds for taking such action.

DISCIPLINARY ACTION: I understand that the following are examples of disciplinary actions that may be taken in the event that the Code of Conduct and school or District policies are not followed:

1. Sent home immediately at his/her own expense. In addition, students found in violation of School District Policy No. 2320 regarding, but not limited to, use/possession of illegal substances (alcohol, drugs, paraphernalia) shall be subject to expulsion, suspension, or discipline, which could result in loss of credits, denial of a diploma, or removal from school activities such as, but not limited to, commencement, trips, etc.
2. Placed in the care of a chaperone.
3. Confined to a specified area.
4. Referred to school administration.

<<<<<<=====-(detach here)=====>>>>>>

YES___ NO___ Will student be taking medication (prescription or over-the-counter) during this field trip? If **yes**, the *Order for Medication* and *Medical Information* forms **MUST** be completed and attached (per Board Policy 3416).

MEDICAL RELEASE: My signature below authorizes the teacher/advisor of the group to secure proper medical attention and/or hospitalization of my son/daughter in the event of a medical emergency. I expect every effort will be made to contact me prior to such action and, if this is not possible, I will be notified as soon as possible. (In the event of an emergency or if a student is injured, the following individuals should be contacted: parents, building administrator, and appropriate medical personnel.)

Student Name: _____ Address: _____

Person to call if injured: _____ Phone: _____

Alternate person to call: _____ Phone: _____

Private Doctor: _____ Phone: _____

Medicine in use: _____ Medicine allergic to: _____

Insurance company name: _____ Policy number: _____

SIGNATURES:

In addition to the medical release, our signatures below indicate that we have read and agree to comply with all of the above while on trip.

Student Signature: X _____ **Parent/Guardian Signature: X** _____
Date: _____ Date: _____

**** Please Read, Sign, and Date BOTH SIDES of this document. RETURN TO MRS. KELSTRUP WITH ORDER****