



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Title I/LAP and Consolidated Program Review
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200

2017-18 ADVANCED PLACEMENT, CAMBRIDGE AND INTERNATIONAL BACCALAUREATE TEST FEE PAYMENT LOW-INCOME STUDENT VERIFICATION

The United States Department of Education provides funds for eligible students to offset the cost to Advanced Placement (AP) and International Baccalaureate (IB) examinations for the year 2017-18 testing session. Complete this form and attach appropriate documentation to verify an AP/IB candidate's eligibility for this program.

Program (check one):		<input type="checkbox"/> Advanced Placement	<input type="checkbox"/> International Baccalaureate
CANDIDATE'S NAME		PARENT OR GUARDIAN'S NAME	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Not Disclosed			
SCHOOL NAME		WORK PHONE	HOME PHONE
ADDRESS		CITY, STATE, ZIP	

Select method used to determine low-income student eligibility for the AP/IB Test Fee Payment program:

- Current **Free and/or Reduced Lunch** eligibility.
- Student's family receives assistance under Part A of Title IV of the **Social Security Act**.
- Student is eligible to receive medical assistance under the **Medicaid program** under Title XIX of the Social Security Act.
- Family Declaration of Income** – (see chart below for income levels)
 Parent/guardian signature below certifies that the above-named student's family taxable income (before tax deductions) does not exceed the 2017-18 income level listed below in relation to the size of the family unit.

 Signature of Parent/Guardian Date

July 1, 2017 – June 30, 2018 Annual Low-Income Levels

Size of Family Unit	Family Taxable Income	Size of Family Unit	Family Taxable Income
1	\$22,311	5	\$53,243
2	\$30,044	6	\$60,976
3	\$37,777	7	\$68,709
4	\$45,510	8	\$76,442

**For family units with more than 8 members, add \$7,733 each additional family member.*

For School Use Only

Signature of teacher, coordinator, or school/district administrator responsible for documenting student eligibility signifies that this confidential document is only to be used for verification of low-income student eligibility for the federal AP/IB Test Fee Payment Program. This form and documentation for all methods used to determine low-income student eligibility will be kept in a confidential file at the school or district level. This record and documentation to confirm low-income status is subject to audit. Under ESEA Title I provisions, records must be kept for five years.

 Signature of Teacher, Counselor, School/District Administrator Responsible for Documenting Low-Income Student Eligibility Date