**ADVANCED PLACEMENT TESTING
REIMBURSEMENT VOUCHER 2024-2025 SY**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

(One student per reimbursement voucher)

Note: Only test scores of 3, 4, or 5 will be reimbursed at 50% of the cost.

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| --- | --- | --- | --- | --- | --- | --- |
| AP TEST(S) TAKEN |  | SCORE |  | COST |  | 50% REIMBURSEMENT |
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Requests must be submitted on or before **September 30 of every year** to receive reimbursement.A **copy of the test(s) score(s) MUST be attached** to this voucher to receive reimbursement**.**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to Pine Richland Central Administration Office, c/o Beckey Powell, 702 Warrendale Road, Gibsonia, PA 15044. Please mark “AP Reimbursement Voucher” on the outside of the envelope.

For Office Use Only:

Approved: \_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_ Amount Reimbursable: $\_\_\_\_\_\_\_ District Initials: \_\_\_\_\_