Application for Exemption from taking the Advanced Placement Exam

Student's Name:	Grade:
Class:	Teacher:
Parent's Name:	
Students enrolled in Advanced Placement classes 229, Administrative Regulation 229). There is a fassistance may contact their school. All requests	fee for this exam. Students in need of financial for assistance are kept strictly confidential.
Students wishing not to take their AP exam must complete this form and have it signed by their parents. Be advised that students who do not take the AP exam and whose applications are not approved will not receive the AP designation or weighted grades for either semester. Reason for not taking the AP exam:	
Parent Signature	Student Signature
School Principal or Designee	Exemption Approved Exemption Denied Date of Approval Conference
Office Use Only	
Copy sent to Registrar or Registrar's Name	n by: Date School Principal or Designee