College Board
Application for Accommodations for Students with Disabilities

This form must be submitted to your counselor for delivery to Ms. Giuffre for processing.

please print legibly and fill in completely

Student Information

Name: Enter your full name, including your middle initial if you have one. Omit spaces, apostrophes, and Jr., or III. You may hyphenate for hyphenated last names.

Last Name:

First Name: Middle Initial:

Date of Birth:

Month		Day		Year	

Expected date of High School Graduation:

Month		Year	

Social Security Number: (optional)

Male ○ Female ○

504 ○ IEP ○

Test type and date of next College Board test:

SAT ○ SAT Subject Test ○ AP ○ PSAT ○

Expected test date: _____

Guidance Counselor's Name:

Student's Signature: _____

Parent/Guardian's Signature: _____
(if student is under 18)

Parent/Guardian's Name:

(over)

Parent/Guardian's Email:

Street:

City:

State: Zip Code:

Home Phone Number:

Are you a student who was previously approved for College Board Accommodations in another school who has transferred to White Plains High School?

Yes No