

AP EXAM REGISTRATION FORM

Student _____ **Date Submitted** _____

Please register my son/daughter for the AP Exam (s) indicated below to be administered at Becton Regional HS from May 5 – May 16, 2025.

Please return this form, including the exam registration fee of **\$99 per exam**, to Mrs. Tabaka in the Guidance Office on or before **Monday, November 11, 2024**. One check for the total amount should be made payable to **Becton Regional High School**. Cost per exam for approved Free and Reduced lunch students is **\$53**.

Late order fee = \$40

Additional fee applied to each exam ordered between November 15, 2024 - March 15, 2025

\$40 cancellation or unused exam fee

Please select the AP Exams you are registering for:

___ **Computer Science Principles**

___ **Physics 1, Algebra- Based**

___ **English Literature & Composition**

___ **United States History**

___ **Biology**

___ **Calculus AB**

___ **Statistics**

___ **Computer Science A**

___ **Chemistry**

___ **European History**

___ **World History: Modern,**

___ **Environmental Science**

___ **Precalculus**

___ **US Govt & Politics**

___ **English Language & Composition**

Number of exams ___ **@ \$99 per = Amount Due - \$** _____

Student's Name _____

Parent's Signature _____

Sample Amounts Due/Check Amount:

# of Exams	Regular Fee - \$99	Free or Reduced Lunch Fee - \$53
1	\$99	\$53
2	\$198	\$106
3	\$297	\$159
4	\$396	\$212
5	\$495	\$265