



AP Exam Fee Reduction Form

Student Name: _____ Grade: _____ Date: _____

School Year: 2025-2026 Cost per Exam: \$103 Parent Name: _____

Parent Phone #: _____ Parent Email: _____

AP Exams – List all AP exams the student is registered to take: _____

Reason for fee reduction need: _____

Please return application to the Head of School/Principal.

Fee Reduction Form will ONLY be considered with a completed current year Income Survey on-file.

School Use Only – Head of School/Principal complete this section and send to Superintendent, CFO, and AP Coordinator

Date received: _____ Completed Income Survey (Y or N): _____

Economically Disadvantaged (Y or N) based on Income Survey and coded in TEAMS: _____

If **YES**, all test fees are waived. The AP Coordinator should indicate students who are eligible for a fee reduction in AP Registration and Ordering in the student roster at the time of initial ordering and by the final College Board deadline. The College Board fee reduction is \$37 per exam and Orenda Education locally funds the remaining \$66 per exam for students who meet the federal criteria as economically disadvantaged.

If the student does **NOT** meet the criteria for Economically Disadvantaged, other circumstances can be considered for a **LOCAL** fee reduction, **NOT** coded as a fee reduction with the College Board. The 2025-26 reduced cost is \$57 per exam, paid by the parent. Orenda Education locally funds the remaining \$46 per exam for students who are approved for local financial assistance.

Request Approved: _____ Date: _____

Total Fee Reduction Amount Approved: _____

Request Denied: _____ Date: _____

Reason Request Denied: _____