LHS ADVANCED PLACEMENT CONTRACT 2026-27

***Each student who registers for an AP course needs to staple this contract to his/her REGISTRATION FORM. This contract should be signed by the student and a parent/guardian and returned along with the signed* REGISTRATION FORM.**

Student Name: _____ **Student #:** _____

I plan to register for the following AP course (s): _____
_____
_____
_____

AP Student: Please initial to indicate acceptance of each condition listed below.

___I understand that the Advanced Placement curriculum is rigorous and will require 5-10 hours of study per class each week.

___I understand that 10 points will be added to my grade at the end of each semester, per GCPS policy.

___I understand how HOPE calculates AP course grades (See AP information on the Google Registration Page). Students need to consider their full schedule before signing up for any AP class, so concerns about GPA should be weighed in advance**.**
Schedule corrections will not be made based on the impact of AP classes on a student's GPA.

___I understand that summer work may be required for any AP course. I accept responsibility for checking the Lanier High School website and/or working with the course instructor for the assignments. I am aware that failure to obtain the summer assignments will not be an excuse for not completing the assignments. I understand work is due on the first day of the fall semester, with no exceptions.

___I have researched the above-listed courses (discussed with my current teachers, talked to the AP teacher, talked to successful students, read the AP Handbook, and/or visited the CollegeBoard website) and feel that I will be successful in each AP course I have selected.

___I believe that I have taken the necessary coursework to prepare me for success in the above-listed AP courses.

___I understand that my commitment to the AP courses listed above is for the entire year, and **schedule changes WILL NOT be granted after REGISTRATION FORMS are submitted.**

___I understand that I will be expected to register for and participate in the AP exam for each AP course.

_____ _____
Student Signature **Date**

I have read and understand the above listed requirements for and expectations of my child.

_____ _____
Parent Signature **Date**

Turn in this completed AP Contract with your Registration Form.