



**ATHENS CITY SCHOOLS**  
**ADVANCED PLACEMENT AGREEMENT**  
**2026-2027**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Student Cell #: \_\_\_\_\_ Student Email: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Statement of Accountability:**

I understand that Advanced Placement (AP) classes are the most rigorous courses offered at the high school level. I also understand that college-level work will be assigned and expected of me. I am electing to take the challenge of an AP class and will work to meet the challenge. I have been advised about the expectations and rigor of AP classes by one or more of the following individuals: an AP teacher, my counselor, the AP Coordinator, and/or have attended the AP information session for the 2026-2027 school year. I am committed to completing the AP courses during the school year for which I have registered.

**I am currently registered for the following AP courses:**

|    |
|----|
| 1. |
| 2. |
| 3. |

By signing this agreement, I understand and agree to the following conditions and expectations involved in taking one or more AP class in Athens City Schools:

- I will remain enrolled in the class for the duration of the course. No requests for schedule changes will be honored after June 2026.
- I understand the summer/fall commitments of the class, and I will be prepared to turn in completed summer/fall work assignments upon teacher's request.
- I will give every assignment my best effort and will respect and adhere to due dates.
- I understand that I am responsible for the course fee as well as the cost of taking the AP exam(s). • I will attend study sessions as scheduled by the AP instructor.

I understand that participating in the AP exam is a course requirement for credit and weight applied to GPA.

I have read, understand, and agree to the stipulations of this agreement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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Parent Signature

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Date

*This agreement should be completed and turned in with your registration form.*