ADVANCED PLACEMENT TESTING
REIMBURSEMENT VOUCHER 2025-2026 SY

Student's Name: _____ Grade: _____
(One student per reimbursement voucher)

Note: Only test scores of 3, 4, or 5 will be reimbursed at 50% of the cost.

AP TEST(S) TAKEN	SCORE	COST	50% REIMBURSEMENT

Requests must be submitted on or before **September 30 of every year** to receive reimbursement. A **copy of the test(s) score(s) MUST be attached** to this voucher to receive reimbursement**.**

Parent/Guardian Name: _____
(Please Print)

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____

Mail to Pine Richland Central Administration Office, c/o Bryan Dworek, 702 Warrendale Road, Gibsonia, PA 15044. Please mark "AP Reimbursement Voucher" on the outside of the envelope.

For Office Use Only:

Approved: _____ Denied: _____ Amount Reimbursable: $_____ District Initials: _____