



2026-27 Eau Claire Area AP Test Fee Form

The fee for participation is **\$105 per test**.

PREFERRED METHOD: Pay by credit card online. Go to **myschoolbucks.com** and sign in. Select test(s) and complete your registration. **No form needed.** (If you are new to **myschoolbucks.com**, visit **myschoolbucks.com**, create an account, and add your student(s).

For cash/check payments ONLY follow the instructions below:

- Complete form, SIGN, and make check payable to ECASD (Eau Claire Area School District).
- Check below which tests are included in your payment.
- You may write one check, but you must attach a signed Fee Collection Form per student.
- Mail or drop off completed form and payment to ECASD Accounting at 500 Main Street, Eau Claire, WI 54701.

Student Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Mailing Address: _____

Parent/Guardian Email: _____

****Students who qualify for free/reduced meals will NOT pay a fee**. You **may still register online** through **myschoolbucks.com** and the fee will be waived or reduced. If you still wish to manually register you may use this form.**

****National School Lunch (NSL) Consent:** The information you supplied on your Free and Reduced School Meals Application will not be shared with other programs for which your children may qualify without your consent.

We must have your permission to share this information for the discount on your fees if applying via this paper form.

- ☐ **YES!** I give permission to use the NSL free and reduced information to receive the discount for Eau Claire Area School District Participation Fees. Filling out this form will not change whether your children get free or reduced price meals.

Please check boxes for which test(s) is included (\$105 per test)

☐ Biology	☐ English Literature	☐ Psychology
☐ Calculus AB	☐ European History	☐ Statistics
☐ Calculus BC	☐ Human Geography	☐ Studio Art—3D Design
☐ Chemistry	☐ Macroeconomics	☐ Studio Art—Drawing
☐ English Language & Composition	☐ Music Theory	☐ US Government & Politics
	☐ Physics C: Mechanics	☐ US History

Paid by: ☐ **Cash** ☐ **Check** Total Amount Enclosed \$_____

If a refund is applicable, a refund of \$50 per test will be issued after testing concludes

This form must be completed, SIGNED, and RETURNED by November 1, 2026

Signature of Parent/Guardian: _____ Date: _____

Contact Accounting with Questions: 715-852-3016 or accounting@ecasd.us

Office
Use
Only

Date Paid: _____ Amount: _____ If applicable, check #: _____