

AP EXAM REGISTRATION FORM

Student _____ Date Submitted _____

Please register my son/daughter for the AP Exam (s) indicated below to be administered at Becton Regional HS from May 3 – May 14, 2027.

Please return this form, including the exam registration fee of **\$99 per exam**, to Mrs. Tabaka in the Guidance Office on or before **Thursday, November 12, 2026**. One check for the total amount should be made payable to **Becton Regional High School**. Cost per exam for approved Free and Reduced lunch students is **\$53**.

Late order fee = \$40

Additional fee applied to each exam ordered between November 14, 2026 - March 12, 2027

\$40 cancellation or unused exam fee

Please select the AP Exams you are registering for:

____ Computer Science Principles

____ Physics 1, Algebra- Based

____ English Literature & Composition

____ United States History

____ English Language & Composition

____ Calculus AB

____ Statistics

____ US Govt. & Politics

____ Biology

____ Business w/Personal Finance

____ World History: Modern

____ Cybersecurity

____ Precalculus

Number of exams _____ @ \$99 per = Amount Due - \$ _____

Student's Name _____

Parent's Signature _____

Sample Amounts Due/Check Amount:

# of Exams	Regular Fee - \$99	Free or Reduced Lunch Fee - \$53
1	\$99	\$53
2	\$198	\$106
3	\$297	\$159
4	\$396	\$212
5	\$495	\$265