

**John Jay H.S.**  
**2020 AP STUDENT REGISTRATION**

**REGISTRATION DATES: 10/21/19– 11/8/19**

**Test Dates: May 4, 2020 – May 15, 2020**

**Exam Fee: \$95 per test**

**\*LATE FEE: \$40 additional (per test) (accepted 11/16/19 through 2/28/19)**

**\*CANCELLATION FEE: \$40 (per test) No refunds will be available after February 28**

**CHECK/MONEY ORDER ONLY: >>>(Payable to WCSD)<<<**  
**>>> CASH NOT ACCEPTED<<<**

**STUDENT NAME:** \_\_\_\_\_

**I.D.** \_\_\_\_\_

**STUDENT PHONE:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

(Check each test you will be taking)

- |  |   |
|--|---|
| <input type="checkbox"/> EUROPEAN HISTORY            | <input type="checkbox"/> ITALIAN LANGUAGE                       |
| <input type="checkbox"/> U.S. HISTORY                | <input type="checkbox"/> FRENCH LANGUAGE                        |
| <input type="checkbox"/> U.S. GOV'T & POLITICS (PIG) | <input type="checkbox"/> SPANISH LANGUAGE                       |
| <input type="checkbox"/> WORLD HISTORY               | <input type="checkbox"/> ENGLISH LANGUAGE (11 <sup>th</sup> )   |
| <input type="checkbox"/> MICROECONOMICS              | <input type="checkbox"/> ENGLISH LITERATURE (12 <sup>th</sup> ) |
| <input type="checkbox"/> MACROECONOMICS              | <input type="checkbox"/> CALCULUS AB                            |
| <input type="checkbox"/> BIOLOGY                     | <input type="checkbox"/> CALCULUS BC                            |
| <input type="checkbox"/> CHEMISTRY                   | <input type="checkbox"/> STATISTICS                             |
| <input type="checkbox"/> ENVIRONMENTAL SCIENCE       | <input type="checkbox"/> COMPUTER SCIENCE A                     |
| <input type="checkbox"/> PHYSICS C: MECHANICS        | <input type="checkbox"/> COMPUTER SCIENCE PRINCIPLES            |
| <input type="checkbox"/> PHYSICS C: EM               | <input type="checkbox"/> STUDIO ART                             |
| <input type="checkbox"/> PHYSICS 1                   |   |
| <input type="checkbox"/> MUSIC THEORY                |   |

**STUDENTS CIRCLE (ANY THAT APPLY) IF YOU HAVE AN IEP, 504, OR IF YOU RECEIVE FREE/REDUCED LUNCH, PLEASE SEE YOUR SCHOOL COUNSELOR ASAP.**

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**(Please complete & return entire form to Mrs. Jakuba– Room 223)**

*One check is acceptable for multiple tests*

CHECK AMOUNT: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

NUMBER OF TESTS: \_\_\_\_\_

**IMPORTANT! PLEASE WRITE STUDENT NAME & ID IN "MEMO" SECTION OF CHECK**