



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Title I/LAP and Consolidated Program Review
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200

**2015-16 ADVANCED PLACEMENT, CAMBRIDGE AND
 INTERNATIONAL BACCALAUREATE TEST FEE PAYMENT
 LOW-INCOME STUDENT VERIFICATION**

The United States Department of Education provides funds for eligible students to offset the cost to Advanced Placement (AP) and International Baccalaureate (IB) examinations for the year 2015-16 testing session. Complete this form and attach appropriate documentation to verify an AP/IB candidate's eligibility for this program.

Program (check one): <input type="checkbox"/> Advanced Placement <input type="checkbox"/> International Baccalaureate		
CANDIDATE'S NAME		PARENT OR GUARDIAN'S NAME
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Not Disclosed		
SCHOOL NAME	WORK PHONE	HOME PHONE
ADDRESS		CITY, STATE, ZIP

Select method used to determine low-income student eligibility for the AP/IB Test Fee Payment program:

- Current **Free and/or Reduced Lunch** eligibility.
- Student's family receives assistance under Part A of Title IV of the **Social Security Act**.
- Student is eligible to receive medical assistance under the **Medicaid program** under Title XIX of the Social Security Act.
- Family Declaration of Income** – (see chart below for income levels)
 Parent/guardian signature below certifies that the above-named student's family taxable income (before tax deductions) does not exceed the 2015 income level listed below in relation to the size of the family unit.

 Signature of Parent/Guardian

 Date

2015 Annual Low-Income Levels

Size of Family Unit	Family Taxable Income	Size of Family Unit	Family Taxable Income
1	\$21,775	5	\$52,559
2	\$29,471	6	\$60,255
3	\$37,167	7	\$67,951
4	\$44,863	8	\$75,647

**For family units with more than 8 members, add \$7,696 each additional family member.*

For School Use Only

Signature of teacher, coordinator, or school/district administrator responsible for documenting student eligibility signifies that this confidential document is only to be used for verification of low-income student eligibility for the federal AP/IB Test Fee Payment Program. This form and documentation for all methods used to determine low-income student eligibility will be kept in a confidential file at the school or district level. This record and documentation to confirm low-income status is subject to audit. Under ESEA Title I provisions, records must be kept for five years.

 Signature of Teacher, Counselor, School/District Administrator Responsible for Documenting Low-Income Student Eligibility

 Date