



Sharyland Independent School District
 1106 N. Shary Road, Mission, Texas 78572-4652
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AP Student-Teacher-Parent Form

Date: _____
Student Name: _____
AP Course: _____
Parent/Guardian Name: _____
AP Review Teacher: _____

Sharyland High School is extending an opportunity for students, who demonstrate a dedicated effort to prepare themselves, to challenge an Advanced Placement exam. Because taking an AP Exam requires preparation, students, parents, and teachers must work together to meet the expectations noted below.

The Student agrees to organize his/her time and effort to successfully prepare for the AP Exam they are challenging. The student will show dedicated effort by attending AP Review sessions, and working independently on review materials. The student will take the AP Exam on its scheduled date and time as outlined by the College Board.

The Parent/Guardian agrees to help his/her child organize study time in support of reviewing for the AP Exam.

The School agrees to provide AP Review sessions to help students prepare for the AP Exam. The school agrees to administer the AP Exam in a fair and secure environment. Should the student meet the requirements outlined above, the school agrees to pay the exam fee for first-time testers.

I, _____, agree to the conditions outlined above, and am requesting permission to challenge the AP Exam listed.

Student Signature

Date

Parent/Guardian Signature

Date

AP Teacher Signature

Date

The student is responsible for collecting the required signatures and returning this agreement to Mrs. Zendejas' office by Friday, March 28th. A separate agreement must be submitted for each AP course a student is challenging.

**If you sign up for an exam, but decide NOT to take it, you will be responsible for a \$15 charge.*