

AP BIOLOGY

AP CHEMISTRY

AP PHYSICS

Student Name

Parent/Guardian(s)

Email Address

Phone Number

Street Address

City

Zip

Why do you wish to take this course? What are your goals?

Why do you think you're prepared and/or qualified to take this course?

AGREEMENT:

1. Evaluation of your application will be based on the following—3.0 overall GPA, 3.0 prerequisite grades, other science grades, and Science Department staff recommendations.
2. Please consider and **agree to the following statements:**
 - I understand that this is a rigorous science course and that I may have up to one hour of homework each day in order to keep up with the intensity of this program.
 - I know what the prerequisites are and have successfully completed them.
 - I have had a conversation with my current teacher about my chances for success in this class.
 - I affirm, on my honor, that I will not give or receive any unauthorized assistance on any assignment or examination in this course.
 - I understand that after June 1, 2018, dropping this class is **NOT** an option unless there are extenuating circumstances and it is approved by both my parent/guardian and my counselor.
 - I understand that I am expected to take the AP test in May **and** the final exam for this course. (*Fee reductions for the AP tests are available if you are receiving free or reduced lunch.*)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____