



Refund for AP Classes

Student Name: _____

Street Address: _____

City, State, Zip _____

AP Test(s) Taken: _____ *Score: _____

*Student must achieve a score of 3, 4 or 5 to receive a district refund. Request must be submitted within one year from test date.

Student Signature: _____

High School Official Signature: _____

AP score verification attached.