

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION Secondary Education and Pathway Preparation Old Capitol Building PO BOX 47200 Olympia WA 98504-7200

## 2023-24 ADVANCED PLACEMENT, CAMBRIDGE INTERNATIONAL, AND INTERNATIONAL BACCALAUREATE TEST FEE PAYMENT LOW-INCOME STUDENT VERIFICATION

The Washington State Legislature provides funds for eligible students to offset the cost of Advanced Placement (AP), Cambridge International (CI) and International Baccalaureate (IB) examinations for the year 2023-24 testing session. Complete this form and attach appropriate documentation to verify an AP/CI/IB candidate's eligibility for this program.

	m (check one):		mbridge International	☐ International Baccalaureate
CANDIDATE'S LEGAL NAME			PARENT OR GUARDIAN'S NAM	E
Gender: Male	Female			
Ethnicity:	ican Asian/Pacific Islander	☐ <sub>Hispanic</sub>	□ Native American □	Caucasian   Other   Not Disclose
SCHOOL NAME			WORK PHONE	HOME PHONE
NDDRESS			CITY, STATE, ZIP	
DDRESS			CITT, STATE, ZIP	
Select method used to	determine low-income stud	lent eligibility	for the AP/CI/IB Test F	ee Payment program:
Current Free and	d/or Reduced Lunch eligib	oilitv.		
	_	•		
Student's family	receives assistance under l	Part A of Title	e IV of the <b>Social Secu</b>	rity Act.
Student is eligible Act.	e to receive medical assista	ance under th	ne <b>Medicaid program</b>	under Title XIX of the Social Secu
Act.  Family Declarat Parent/guardian	ion of Income – (see chart	t below for incate the above-	come levels) -named student's family	v taxable income (before tax
Act.  Family Declarat Parent/guardian	ion of Income – (see chart signature below certifies tha s not exceed the 2023-24 in	t below for inc at the above- scome level li	come levels) -named student's family	taxable income (before tax the size of the family unit.
Act.  Family Declarat Parent/guardian	ion of Income – (see chart signature below certifies that s not exceed the 2023-24 in Signature of Paren	t below for inc at the above- acome level li t/Guardian	come levels) -named student's family sted below in relation to	taxable income (before tax to the size of the family unit.
Act.  Family Declarat Parent/guardian	ion of Income – (see chart signature below certifies that s not exceed the 2023-24 in Signature of Paren	t below for inc at the above- acome level li t/Guardian	come levels) -named student's family	taxable income (before tax to the size of the family unit.
Act.  Family Declarat Parent/guardian deductions) does	ion of Income – (see chart signature below certifies that s not exceed the 2023-24 in Signature of Paren July 1, 2023 – Jul	t below for incat the above- acome level li t/Guardian	come levels) -named student's family sted below in relation to	taxable income (before tax to the size of the family unit.  Date
Act.  Family Declarat Parent/guardian	ion of Income – (see chart signature below certifies that s not exceed the 2023-24 in Signature of Paren July 1, 2023 – Jul	t below for incat the above- acome level li t/Guardian ne 30, 2024	come levels) -named student's family sted below in relation to	taxable income (before tax to the size of the family unit.  Date  Levels  Family Taxable Income
Act.  Family Declarat Parent/guardian deductions) does  Size of Fam	ion of Income – (see chart signature below certifies that s not exceed the 2023-24 in Signature of Paren July 1, 2023 – Jun	t below for incat the above- acome level li t/Guardian ne 30, 2024	come levels) -named student's family sted below in relation to  Annual Low-Income L  Size of Family Unit	taxable income (before tax to the size of the family unit.  Date
Act.  Family Declarat Parent/guardian deductions) does  Size of Fam 1	ion of Income – (see chart signature below certifies that is not exceed the 2023-24 in Signature of Paren  July 1, 2023 – Junily Unit Family Taxable \$26,97	t below for incat the above- acome level li t/Guardian ne 30, 2024 A le Income	come levels) -named student's family isted below in relation to  Annual Low-Income L  Size of Family Unit 5	taxable income (before tax to the size of the family unit.  Date  evels  Family Taxable Income \$65,009
Act.  Family Declarat Parent/guardian deductions) does  Size of Fam  1 2 3	ion of Income – (see chart signature below certifies that is not exceed the 2023-24 in Signature of Paren July 1, 2023 – July 1, 2023 – July 1, 2023 – 36,48 \$45,98	t below for incat the above- acome level list/Guardian ne 30, 2024 / le Income 73 32 91	come levels) -named student's family sted below in relation to  Annual Low-Income L  Size of Family Unit 5 6	taxable income (before tax to the size of the family unit.  Date  Evels  Family Taxable Income \$65,009 \$74,518 \$84,027
Act.  Family Declarat Parent/guardian deductions) does  Size of Fam  1 2 3 4	ion of Income – (see chart signature below certifies that is not exceed the 2023-24 in Signature of Paren  July 1, 2023 – July 1, 2023 – July 1, 2023 – 30   \$26,97   \$36,48	t below for incat the above- acome level list/Guardian ne 30, 2024 / le Income 73 32 91	come levels) -named student's family sted below in relation to student's family  Annual Low-Income L  Size of Family Unit 5 6 7 8	taxable income (before tax of the size of the family unit.  Date  Parally Taxable Income  \$65,009  \$74,518  \$84,027  \$93,536

Signature of teacher, school counselor, 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 AP/CI/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, School Counselor, Coordinator or School/District Admin Responsible for Documenting Low-Income Student Eligibility	Date