

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

## 2024-25 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 2024-25 testing session. Complete this form and attach appropriate documentation to verify an AP/CI/IB candidate's eligibility for this program.

Prograr	m (check one):	ed Placement	mbridge International	☐ International Baccalaureate	
CANDIDATE'S LEGAL NAME			PARENT OR GUARDIAN'S NAME		
Gender:	:				
Ethnicity	y: ☐ African American ☐ A	sian/Pacific Islander	☐ Native American ☐ Ca	aucasian Other Not Disclosed	
SCHOOL NAME			WORK PHONE	HOME PHONE	
ADDRESS			CITY, STATE, ZIP	CITY, STATE, ZIP	
Select	t method used to determine	low-income student eligibility	for the AP/CI/IB Test Fe	e Payment program:	
	Current Free and/or Reduced Lunch eligibility.				
	Student's family receives assistance under Part A of Title IV of the <b>Social Security Act</b> .				
	Student is eligible to receive medical assistance under the <b>Medicaid program</b> under Title XIX of the Social Security Act.				
	Parent/guardian signature below certifies that the above-named student's family taxable income (before tax deductions) does not exceed the 2024-25 income level listed below in relation to the size of the family unit.				
	Signature of Parent/Guardian Date			Date	
	July 1, 2024 – June 30, 2025 Annual Low-Income Levels				
	Size of Family Unit	Family Taxable Income	Size of Family Unit	Family Taxable Income	
	1	\$27,861	5	\$67,673	
	2	\$37,814	6	\$77,626	
	3	\$47,767	7	\$87,597	
	4	\$57,720	8	\$97,532	
*For family units with more than 8 members, add \$9,953 for each additional family member.					
		For School	Use Only		
confide Progra at the s	ential document is only to be us m. This form and documentation	on for all methods used to deterr ord and documentation to confire	student eligibility for the fed nine low-income student eliq	deral AP/CI/IB Test Fee Payment gibility will be kept in a confidential file	

Date

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