



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

**2020-21 ADVANCED PLACEMENT, CAMBRIDGE AND  
INTERNATIONAL BACCALAUREATE TEST FEE PAYMENT  
LOW-INCOME STUDENT VERIFICATION**

The State of Washington provides funds for eligible students to offset the cost to Advanced Placement (AP), International Baccalaureate (IB), and Cambridge International (CI) examinations for the year 2020-21 testing session. Complete this form and attach appropriate documentation to verify an AP/IB/CI candidate's eligibility for this program.

Program (check one):       Advanced Placement       International Baccalaureate       Cambridge International

STUDENT'S NAME \_\_\_\_\_ PARENT OR GUARDIAN'S NAME \_\_\_\_\_

Gender:     Male       Female

Ethnicity:     African American     Asian/Pacific Islander     Hispanic     Native American     Caucasian     Other     Not Disclosed

SCHOOL NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
**John R. Rogers High School**

HOME ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

Select method used to determine low-income student eligibility for the AP/IB/CI Test Fee Payment program:

- Current **Free and/or Reduced Lunch** eligibility.
- Student's family receives assistance under Part A of Title IV of the **Social Security Act**.
- Student is eligible to receive medical assistance under the **Medicaid program** under Title XIX of the Social Security Act.
- Family Declaration of Income** – (see chart below for income levels)  
Parent/guardian signature below certifies that the above-named student's family taxable income (before tax deductions) does not exceed the 2020 income level listed below in relation to the size of the family unit.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date

**2020 Annual Low-Income Levels**

| Size of Family Unit | Family Taxable Income | Size of Family Unit | Family Taxable Income |
|---------------------|-----------------------|---------------------|-----------------------|
| 1                   | \$19,140              | 5                   | \$46,020              |
| 2                   | \$25,860              | 6                   | \$52,740              |
| 3                   | \$32,580              | 7                   | \$59,460              |
| 4                   | \$39,300              | 8                   | \$66,180              |

*\*For family units with more than 8 members, add \$6,720 for each additional family member.*

**For School Use Only**

Signature of teacher, 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 federal AP/IB/CI 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, Counselor, School/District Administrator Responsible for Documenting Low-Income Student Eligibility \_\_\_\_\_ Date