

STUDENT ID:



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):		
<input type="checkbox"/> Advanced Placement	<input type="checkbox"/> International Baccalaureate	<input type="checkbox"/> Cambridge International
CANDIDATE'S NAME		PARENT OR GUARDIAN'S NAME
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Not Disclosed		
SCHOOL NAME	WORK PHONE	HOME PHONE
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