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

OSPI

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.

Program (check one): ☐ Advanced Placement ☐ Cambridge International ☐ International Baccalaureate		
CANDIDATE'S LEGAL 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
ADDRESS	CITY, STATE, ZIP	

Select method used to determine low-income student eligibility for the AP/CI/IB 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 2024-25 income level listed below in relation to the size of the family unit.

Signature of Parent/Guardian _____ 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

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/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, Counselor, School/District Administrator Responsible for Documenting Low-Income Student Eligibility _____ Date _____