



BETHLEHEM AREA SCHOOL DISTRICT REPAYMENT AGREEMENT INFORMATION

Dear Parent/Guardian:

The Bethlehem Area School District will be using designated federal funds to pay for all/part of the Advanced Placement (AP) exam fees for your child as detailed on this form. The child's name and the specific exam(s) is/are listed below. The payment of exam fees only applies to the specific child and the specific exam(s) listed on this form.

By completing and returning this form, you agree to the following:

1. Your child will show up and complete the Advanced Placement exam(s) listed below on the dates/times/location designated. Your child's guidance counselor can provide you with the specific dates/times/locations if you do not have that information.
2. You agree that you will repay the District in full if your child does not show up to take the AP exam(s) listed on this sheet.
3. **The District will only pay these costs if you return this completed form along with the AP Registration form to SSC 112 by March 5, 2021 for spring registration.**
4. There are no exceptions to items 1-3.

If you have any questions regarding this repayment agreement information, please contact Dr. Bonita Draper, Supervisor of Grants, at 610-861-0500 ext. 60228 or bdraper@basdschools.org.

ALL students must list one exam for the 2020-21 school year. Students who receive free or reduced lunch must list all exams

Child's Full Name: _____ Student ID: _____

Please list the name/course of each AP exam being paid by the District:

(This section must be completed by a parent or legal guardian.)

Parent's Name: _____

Full Mailing Address: _____

Phone Number: _____

Signature: _____

Date: _____