

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: March 30, 2016

To: Senior High School Principals and Vice Principals; Area Superintendents

Subject: Advanced Placement (AP) and International Baccalaureate (IB) Exam Administration and Payment of Fees

Department and/or Persons Concerned: Senior High School Principals and Vice Principals; Advanced Placement (AP) Coordinators; International Baccalaureate (IB) Coordinators, Finance Clerks

Attachments: 2015-16 Estimated Fee Distribution Advanced Placement/ International Baccalaureate Test Fee Program; 2015-16 Student Eligibility Verification; 2015-16 Statement of Income Eligibility; 2015-16 School Worksheet

Brief Explanation:

This circular provides information regarding Advanced Placement (AP) and International Baccalaureate (IB) exam administration, fees, and payment.

A. General Overview

High school students enrolled in Advanced Placement (AP) courses have the option to take end-of-course AP exams. Students who are not enrolled in AP courses may also elect to take the exams. Students who choose to take AP exams are responsible to pay for the AP exam fee.

High School students enrolled in International Baccalaureate (IB) courses have the option to take end-of-course IB exams. Students who choose to take IB exams are responsible to pay for the IB exam fee and the IB registration fee.

Economically disadvantaged students enrolled in AP and IB courses pay a reduced price of \$5.00 per exam. The District pays the difference in the cost of exams and receives reimbursement from the state for a portion of its costs. All students who qualify for the free and reduced lunch program are considered income-eligible and pay the reduced price of \$5.00 per exam.

B. Cost of Exams for Students

AP/IB exam fees should be collected from students and may not exceed the following amounts:

- \$92.00 per regular AP exam
- \$5.00 per AP exam for income-eligible students (free/reduced lunch students)
- \$113.00 per regular IB exam
- \$5.00 per IB exam for income-eligible students (free/reduced lunch students)
- \$164.00 for IB exam registration

C. Site Responsibilities

- 1) Schools must notify, register, and order AP/IB exams for students by the deadlines set by the College Board and the International Baccalaureate Organization.

AP - <https://professionals.collegeboard.org/testing/ap/dates-deadlines>

- 2) Schools must collect fees from students, select and train proctors, administer and return exams, complete invoices, and ensure payment as directed by the deadlines.
<https://secure-media.collegeboard.org/digitalServices/pdf/ap/2015-16-ap-coordinators-manual.pdf>
- 3) Schools must provide the 2015-16 School Worksheet (Attachment 1) to the Office of Secondary Schools, as described in item D. below.

Schools may use services to assist with AP/IB registration; however, such costs may **NOT** be passed on to students.

D. District Assistance toward the Cost of Exams for Income-Eligible Students

The California Department of Education (CDE) administers a grant program that covers a portion of the costs of AP/IB exams for economically disadvantaged students. To receive these funds, each school District must submit a single application. The Office of Secondary Schools will submit the application.

Schools must

1. Complete a 2015-16 Student Eligibility Verification (Attachment 2) **or** a 2015-16 Statement of Income Eligibility (Attachment 3) for each income-eligible student.
2. Submit the 2015-16 School Worksheet (Attachment 1) to the Office of Secondary Schools through school mail by **Wednesday, May 25, 2016**.

For 2015-16, District central office funds will be used to cover the remaining cost of exams for income-eligible students. Sites funds will not have to be used for this purpose.

E. Procedure for Receipt of District Assistance towards AP Exam Costs for Income-eligible Students

- 1) Collect AP exam payment from students. **No post-dated checks will be accepted.** Payment plans must be invoiced in the Blue Bear system and payment collected monthly. An aging of outstanding balances needs to be reviewed monthly and should have a zero balance before the end of the fiscal year.
- 2) Deposit amount collected from students into your site ASB Trust Fund (AP Fees).
- 3) Cut a check *for the amount collected from students* from your ASB Trust Fund (AP Fees); deposit the check into your site budget string XXXX-00028-00-4305-1000-1110- 01000-0000.
- 4) *Submit and approve a requisition for the full amount of all exams* at your site by **Friday, April 15, 2016**. Use the following budget string on your requisition XXXX-00028-00-4305-1000-1110-01000-0000.
- 5) Process the online invoice on the College Board website after the administration of the AP exams. <https://apordering.collegeboard.org>
- 6) Submit the invoice to your Accounts Payable Specialist (Ed Center Room 3141) along with your P.O. number by **Wednesday, May 25, 2016**. Payments should not be made from the ASB accounts directly to the AP exam provider.

- This may present a challenge as the ePro requisition deadline is mid-April and the AP invoices are not generated until after the exams are held.
- Our suggestion is that the Financial Clerk creates a requisition based on an estimate of exam fees in April. Once they have the invoice in May, the requisition should be updated to reflect the actual charges.

7) Submit any balance in the ASB Trust Fund (AP Fees) to the District before **Wednesday, June 15, 2016**.

The Accounts Payable department will complete and send payment for exams by drawing funds from your site account XXXX-00028-00-4305-1000-1110-01000-0000 and adding the additional funds to cover the difference in the cost of exams for income-eligible students.

All invoices for AP exams must be paid in full by **Wednesday, June 15, 2016**, or a \$200.00 late payment fee will be assessed. The school site must pay for any late exam. To prevent incurring a late fee, your site should notify Strategic Sourcing and Contracts that the requisition has been updated so that a PO is created. After the PO is created, the invoice is submitted to Accounts Payable with the principal's signature approving payment and the PO number.

F. Procedure for Receipt of District Assistance towards IB Exam Costs for Income-eligible Students

- 1) Collect IB exam payment from students. **No post-dated checks will be accepted.** Payment plans must be invoiced in the Blue Bear system and payment collected monthly. An aging of outstanding balances needs to be reviewed monthly and should have a zero balance before the end of the fiscal year.
- 2) Deposit amount collected from students into your site ASB Trust Fund (IB Fees).
- 3) Cut a check for the amount collected from students from your ASB Trust Fund (IB Fees); deposit the check into your site budget string XXXX-00038-00-4305-1000-1110-01000- 0000.
- 4) Submit and approve a requisition for the full amount of all exams at your site by **Friday, April 15, 2016**. Use the following budget string on your requisition XXXX-00038-00-4305-1000-1110-01000-0000.
- 5) Process the online invoice for exams after exam administration.
- 6) Submit the invoice to your Accounts Payable Specialist (Ed Center Room 3141) along with your P.O. number by **Wednesday, May 25, 2016**. Payments should not be made from the ASB accounts directly to the IB exam provider.
- 7) Submit any balance in the ASB Trust Fund (IB Fees) to the District before **Wednesday, June 15, 2016**.

The Accounts Payable department will complete and send payment for exams by drawing funds from your site account XXXX-00038-00-4305-1000-1110-01000-0000 and adding the additional funds to cover the difference in the cost of exams for income-eligible students.

All invoices for IB exams must be paid in full by **June 15, 2016**, or a \$200.00 late payment fee will be assessed. The school site must pay for any late assessment.

G. Deadline Dates

- **Friday, March 25, 2016** – Priority deadline for schools to order AP Exams from College Board. Submit orders by this date to ensure timely processing and delivery.
- **Wednesday, March 30, 2016** – Deadline for ordering pre-administration materials from College Board for delivery by April 11.
- **Friday, April 8, 2016** – Extension deadline for ordering regularly scheduled exams from College Board. Each order received after this date incurs a \$55 fee, which the school site will be responsible for.
- **Friday, April 15, 2016** – Final deadline for schools to order AP Exams from College Board. No orders will be accepted after this date. Orders placed by April 15 will be delivered by April 25
- **Friday, April 15, 2016**– Last day to submit and approve requisition for total cost of exams.
- **Wednesday, May 25, 2016** – Exam invoice and P.O. number due to Accounts Payable
- **Wednesday, May 25, 2016** – 2015-16 AP/IB School Worksheet due to Office of Secondary Schools
- **Wednesday, June 15, 2016** – Final postmark deadline for mailing of payment for AP/IB exams

H. Attachments

- Attachment 1: 2015-16 AP/IB School Worksheet. Schools must complete and submit this form to the Office of Secondary Schools.
- Attachment 2: 2015-16 AP/IB Student Eligibility Verification. Income eligible students must complete this form. The school must retain completed forms for five years.
- Attachment 3: 2015-16 AP/IB Student Eligibility Verification—Spanish version.
- Attachment 4: 2015-16 AP/IB Statement of Income Eligibility. Income eligible students must complete this form. The school must retain completed forms for five years.
- Attachment 5: 2015-16 AP/IB Statement of Income Eligibility—Spanish version.
- Attachment 6: 2015-16 AP/IB Federal Income Eligibility Guidelines
- Attachment 7: 2015-16 AP/IB Federal Income Eligibility Guidelines—Spanish version.

For additional information, contact Reuben Harris at (619) 725-7308 or rharris@sandi.net.

APPROVED:



Cheryl Hibbeln
Executive Director, Office of Secondary Schools

Attachments (7)

2015–16 School Worksheet—NOT THE CDE ONLINE FORM Advanced Placement/International Baccalaureate Test Fee Program

Attachment 1

School Coordinator must complete and provide this form to District/Charter School Administration Office with the original, signed AP Exam Invoice: State Copy and/or the IB Fee Summary – **IB schools only: Mail this worksheet with your application.**

School Name:		
School Coordinator:		
School Coordinator Telephone:	Extension:	School Coordinator Email:

Reimbursement for Advanced Placement (AP) Examinations	Number of Exams	Multiplier	Total Amount
Enter the total number of AP Examinations taken by income eligible students – household income did not exceed 185 percent of the federal poverty income level. This number must match Line M on the AP Exam Invoice: State Copy.		x \$38	
Enter the total number of AP Capstone: AP Seminar Exam or AP Research Exam taken by income eligible students-household income did not exceed 185 percent of the federal poverty level. AP Invoice: State Copy		x \$85	
Enter the total number of AP Examinations taken by all students for your school – regardless of household income. This must match Line A on the AP Exam Invoice: State Copy.			
TOTAL AP AMOUNT REQUESTED			

Reimbursement for International Baccalaureate (IB) Examinations	Number of Exams/ Registrations	Multiplier	Total Amount
Enter the total number of IB Examinations taken by income eligible students – household income did not exceed 185 percent of the federal poverty income level.		x \$98	
Enter the total number of IB Examinations taken by all students for your school – regardless of household income level.			
Enter the total number of IB Registrations for income eligible students for your school – household income did not exceed 185 percent of the federal poverty income level.			
Enter the total number of IB Registrations for all students for your school – regardless of household income level.			
TOTAL IB AMOUNT REQUESTED			

Number of Students	Number of AP Students	Number of IB Students
Enter the total number of income eligible students who took the AP examinations.		
Enter the total number of all students who took the AP exams – regardless of household income level.		
Enter the total number of income eligible students who took the AP Seminar or Research examinations		
Enter the total number of all students who took the AP Seminar or Research examinations		
Enter the total number of income eligible students who took the IB examinations.		
Enter the total number of all students who took the IB exams – regardless of household income level.		

To receive updates on the AP/IB Test Fee Program, send a blank e-mail to: join-ap-coordinators@mlist.cde.ca.gov.

NOTE: The California Department of Education will not be reimbursing districts for the registration fees of income-eligible students.

2015–16 Student Eligibility Verification Advanced Placement/International Baccalaureate Test Fee Program

Advanced Placement (AP) and/or International Baccalaureate (IB) Exams

 AP Exam

 IB Exam

 AP and IB Exams

I. Student Information

Last Name	First Name	MI	Grade	Date
High School of Attendance				

II. The student qualifies for the AP/IB Test Fee Program

Household income does not exceed 185 percent of the federal poverty income guidelines. Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 6 on the 1040EZ). This category **includes students who are eligible to participate in the Federal Free and Reduced Price Meal Program.**

III. Verification of Need – Family or Student (18 years or older, not a dependent)

I certify need for financial assistance to pay for the AP/IB exam fees and that our household income during the preceding year did not exceed 185 percent of the federal poverty income guidelines.

Signature of Parent/Guardian or Student

Date

For School Use Only – Review income documentation and identify source.

- Government agency – Department of Social Services, Social Security Administration, etc.
- Most recently filed federal income tax return
- Pay receipts
- Parent/student statement
- Free/Reduced Price Meal Verification
- Other – specify:

Signature of Designated School Personnel

Date

*** This form is to be retained by the school district for five years. The California Department of Education does not require a copy of this form.**

2015–16 Verificación de Elegibilidad del Estudiante Advanced Placement/International Baccalaureate Test Fee Program

Prueba de AP

Prueba de IB

Pruebas de AP e IB

I. Información del estudiante

Apellido	Primer nombre	Inicial del segundo nombre	Grado	Fecha
Preparatoria a la que asiste				

II. El estudiante califica para el Programa de Reembolso de las Cuotas de la Prueba AP/IB

Los ingresos del grupo familiar no superan el 185% de las pautas federales de ingresos de pobreza. El nivel de ingresos totales o los ingresos brutos anuales se utilizan para determinar la elegibilidad (si usa el Formulario 1040 de Declaración de Impuestos sobre los Ingresos Individuales de los Estados Unidos, consulte la línea 22, la línea 15 del 1040A y la línea 6 del 1040EZ). Esta categoría **incluye a los estudiantes que son elegibles para participar en el Programa Federal para Recibir Comidas Gratuitas o a Precio Reducido.**

III. Verificación de necesidad: Familia o estudiante (de 18 años o más, no dependiente)

Declaro que tengo la necesidad de recibir asistencia financiera para pagar las cuotas de las pruebas de AP/IB y que los ingresos de nuestro grupo familiar durante el año pasado no excedieron el 185% de las pautas federales de ingresos de pobreza.

Firma del padre/madre/tutor o estudiante

Date

For School Use Only – Review income documentation and identify source.

- Government agency – Department of Social Services, Social Security Administration, etc
- Most recently filed federal income tax return
- Pay receipts
- Parent/student statement
- Free/Reduced Price Meal Verification
- Other – specify:

Signature of Designated School Personnel

Date

*** This form is to be retained by the school district for five years. The California Department of Education does not require a copy of this form.**

**2015–16 Statement of Income Eligibility
Advanced Placement/International Baccalaureate Test Fee Program**

I, _____, parent/guardian, of
_____ (student's name), have received a copy of the **Federal
2015–2016 Annual Low-Income Levels***. I certify that my family household income is
within the income guidelines for a family of _____ (write number of family
members).

Parent/Guardian Signature

Date

* Household income does not exceed 185 percent of the federal poverty income guidelines.

**2015–16 Declaración de Elegibilidad de Ingresos
Advanced Placement /International Baccalaureate Test Fee Program**

Yo, _____, padre/tutor legal, de
_____ (nombre del estudiante), he recibido copia de los
Ingresos del Nivel Federal para Elegibilidad para el año escolar 2015–16*. Yo
declaro que los ingresos de mi hogar están dentro de los directivos de una familia de
_____ (apunte cuantos de familia).

Firma de Padre/Tutor Legal

Fecha

* Los ingresos del hogar no excede el 185 por ciento de los directivos federales de pobreza.

California Department of Education (Rev.9/30/15)

Federal 2015–16 Income Eligibility Guidelines Advanced Placement/International Baccalaureate Test Fee Program

Effective July 1, 2015 through June 30, 2016

Size of Family Unit	185 Percent Income Level				
			Twice Per	Every Two	
	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member	\$7,696	\$642	\$321	\$296	\$148

The figures shown under family income represent amounts equal to 185 percent of the family income levels established by the Department of Agriculture, Food and Nutrition Service, Child Nutrition Programs – Income Eligibility Guidelines, in the Federal Register, Vol. 80, No. 61, March 31, 2015, p.17027.

2015–16 Ingresos del Nivel Federal para Elegibilidad Advanced Placement/International Baccalaureate Test Fee Program

De 1 julio, 2015 a 30 junio, 2016

Tamaño de la Unidad Familiar	185 Por Ciento Nivel de Ingresos				
			Dos Veces por	Cada Dos	
	ANUAL	MENSUAL	MES	SEMANAS	SEMANAL
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
	\$7,696	\$642	\$321	\$296	\$148

Las cifras de los ingresos de la familia presentadas son equivalentes a 185 por ciento del ingreso familiar establecido por el Departamento de Agricultura, Servicio de Alimentos y Nutrición, los Programas de Nutrición, los Programas de Nutrición Infantil-Ingresos del Nivel Federal para Elegibilidad, en el Registro Federal, Vol. 80, No. 61, 31 marzo, 2015, p. 17027.