

ISLANDS HIGH SCHOOL
2014-2015 Advanced Placement Class Course Contract

Name: _____ Advisor: _____ Grade: _____

Students: Check ALL of the AP classes that you are registering for:

_____ 11 th English Language	_____ U.S. History	_____ Chemistry
_____ 12 th English Literature	_____ U.S. Government and Politics	_____ Spanish Language
_____ Calculus AB	_____ Psychology	_____ Visual Arts: 2D
_____ Calculus BC	_____ Biology	
_____ Statistics	_____ Environmental Science	

You are strongly encouraged to visit the College Board website for detailed information about the requirements for each class:
apcentral.collegeboard.com

I understand that the AP course is going to take an unusual amount of independent work and study on my part, including a commitment to work on class requirements during vacations, a summer reading program, maintaining excellent attendance to class, and managing my out-of-class time effectively so I have the time and energy to excel in my AP class(es). I understand that I am required to take the AP Exam for the courses I have registered for at no cost to me. If I do not take the exam, I will pay a \$50.00 testing fee.

I realize that all AP teachers will be assigning rigorous, college-level homework and directed research assignments throughout the year because the AP courses are equivalent to college courses in academic demands, time requirements for study and level of difficulty.

I am aware that master schedule constraints prohibit course selection changes after May registration and that I am making a year long commitment. Once I sign and return this contract, I understand that student or parent requests for course changes will not be granted. There will be no exceptions to these terms of the contract.

I am aware that I will receive five quality points provided I earn at least a 70% for the semester.

I understand and agree with ALL of the conditions explained in this contract and would like to request that I be registered for the AP class(es) checked above.

Student Signature Date: _____

I am aware of the requirements and responsibilities of the course(s) my child has requested and I give my approval and support for participation in the AP Program.

Parent/Guardian Signature Date: _____

Contact information:

Phone number

E-mail address

Phone number

E-mail address

This form must be turned in to Mrs. Konter with all the appropriate signatures or you will NOT be registered for the course. Please return this form by **Tuesday, May 20th**.