

Madison City Schools Advanced Placement Agreement 2018-2019

Last Name: _____ First Name: _____ MI: _____

Student Cell#: _____ Student E-Mail _____

Classification:

12 th	11 th	10 th	9 th
------------------	------------------	------------------	-----------------

Statement of Accountability:

I understand that Advanced Placement (AP) classes are the most rigorous courses offered at the high school level. I also understand that college-level work will be assigned and expected of me. I am electing to take the challenge of an AP class and will work to meet the challenge. I have been advised about the expectations and rigor of AP classes by one or more of the following individuals: an AP teacher, my counselor, the AP coordinator, and/or have attended the AP information session for the 2018-2019 school year. I am committed to completing the AP courses during the 2018-2019 school years for which I have registered.

I am currently registered for the following AP courses:

1.	5.
2.	6.
3.	7.
4.	8.

By signing this agreement, I understand and agree to the following conditions and expectations involved in taking one or more AP classes in Madison City Schools:

- I will remain enrolled in the class for the duration of the course. No requests for schedule changes will be honored after March 2, 2018.
- I understand the summer commitments of the class, and I will be prepared to turn in completed summer work assignments upon the teacher's request.
- I will give every assignment my best effort and will respect and adhere to due dates.
- I understand that I am responsible for the course fee as well as the cost of taking the AP exam(s).

I affirm that I have read, understand, and agree to the stipulations of this agreement.

Student Signature

Date

Parent/Guardian Signature

Date

****This agreement should be completed and turned in with your registration form.***