2024-2025 SMHS Advanced Placement Contract

Student Name (Last Name, First Name):

Current Grade:	
 Thank you for your interest in the Advanced Placement Program at Star 2024-2025 school year. Please review the information below and response request. Please note that no students will be placed in a requested Advanced that been signed and returned. Signing this contract acknowledges the following: The demands of an AP course exceed those of a general college committed to the extra effort needed to succeed in each course. I understand that an AP course is a yearlong commitment and I course once the fall semester begins. My acceptance into AP is based on successful completion of preprerequisite course in the second semester, my AP acceptance. I am required to take the AP exam for each AP course in which I responsibility for payment of all AP exams (currently \$98 per excelasses). 	and to the class you would like to anced Placement Course until this are prep course, and I am an amount withdraw from this AP are erequisite courses. If I fail a will be revoked.
 I understand that I am able to add/drop my AP classes until June 1 based on availability in course. After June 1, no additional changes will be made regarding AP classes. I understand that I must abide by the conditions set forth in the course syllabus (e.g., attendance, 	
summer assignments, grading and make-up policies)	course syllabas (e.g., arrenaarice,
Requested Advanced Placement Course	Scheduled Course or Alternate
*Only list AP courses that you are listed as "Course Potential 2024-2025 school year.	and AP Potential" to take for the
Your requested Advanced Placement course will not be placed this form is received. If you fail to submit this contract, you are in plan to enroll in the specified AP course and will be placed in a	ndicating to SMHS that you do not
Student Signature	Date
Parent Signature	 Date