

SITE OPERATIONS CIRCULAR NO. 1016

Office of Leadership and Learning

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: March 17, 2015

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

Attachments: 2014-15 Estimated Fee Distribution Advanced Placement/ International Baccalaureate Test Fee Program; 2014-15 Student Eligibility Verification; 2014-15 Statement of Income Eligibility; 2014-15 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. International Baccalaureate (IB) students are expected to take end-of-course exams. Students who choose to take IB exams are responsible to pay for the exam fee and the registration fee.¹ 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:

- \$91.00 per regular AP exam,
- \$5.00 per AP exam for income-eligible students (free/reduced lunch students),
- \$110.00 per regular IB exam,
- \$5.00 per IB exam for income-eligible students (free-reduced lunch students),
- \$160.00 for IB exam registration, and
- Late fees and/or fines for unused exams.

¹ Sites offering IB courses must also offer AP courses in order to assure that all students have equitable access to earn weighted credit without paying for or taking an AP exam.

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.
- 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.
- 3) Schools must provide the 2014-15 School Worksheet (Attachment 1) to the Office of Advanced Studies, 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 Advanced Studies will submit the application.

Schools must

1. Complete a 2014-15 Student Eligibility Verification (Attachment 2) **or** A2014-15 Statement of Income Eligibility (Attachment 3) for each income-eligible student.
2. Submit the 2014-15 School Worksheet (Attachment 4) to the Office of Advanced Studies by **May 22, 2015**.

For 2014-15, 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 **April 17, 2015**. Use the following budget string on your requisition XXXX-00028-00-4305-1000-1110-01000-0000.
- 5) Process the online invoice for exams after the administration of the exam.

- 6) Submit the invoice to your Accounts Payable Specialist along with your P.O. number by May 22, 2015. Payments should not be made from the ASB accounts directly to the AP exam provider.
- 7) Submit any balance in the ASB Trust Fund (AP Fees) to the District before **June 15, 2015**.

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 **June 12, 2015**, or a \$225.00 late payment fee will be assessed. The school site must pay for any late assessment.

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 **April 17, 2015**. 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 along with your P.O. number by **May 22, 2015**. 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 **June 15, 2015**.

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 12, 2015**, or a \$225.00 late payment fee will be assessed. The school site must pay for any late assessment.

G. Deadline Dates

- **March 27, 2015** –Deadline for online AP Exam orders.
- **April 17, 2015** – Last day to submit and approve requisition for total cost of exams.
- **May 22, 2015** – Exam invoice and P.O. number due to Accounts Payable

- **May 22, 2015** – 2014-15 School Worksheet due to Office of Advanced Studies
- **June 12, 2015** – Final postmark deadline for mailing of payment for exams

H Attachments

- Attachment 1: 2014-15 School Worksheet. Schools must complete and submit this form to the Office of Advanced Studies by **May 22, 2015**.
- Attachment 2: 2014-15 Student Eligibility Verification. Income eligible students must complete this form. The school must be retained completed forms for five years.
- Attachment 3: 2014-15 Student Eligibility Verification—Spanish version.
- Attachment 4: 2014-15 Statement of Income Eligibility. Income eligible students must complete this form. The school must be retained completed forms for five years.
- Attachment 5: 2014-15 Statement of Income Eligibility—Spanish version.
- Attachment 6: 2014-15 Federal Income Eligibility Guidelines
- Attachment 7: 2014-15 Federal Income Eligibility Guidelines—Spanish version.

For additional information, please contact Valerie Jurado at (619) 725-7308 or vjurado@sandi.net at the Office of Advanced Studies.

Cheryl Hibbeln
Director
High School Office

APPROVED:



Jim Solo, Executive Director
Leadership and Learning

Attachments (7)

2014–15 School Worksheet Advanced Placement/International Baccalaureate Test Fee Program

Schools must complete and submit this form to the Office of Advanced Studies by **May 22, 2015.**,
with the original, signed AP Exam Invoice: State Copy and/or the IB Fee Summary

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 \$41	
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 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.

2014–15 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 for five years.**

2014–15 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.**

**2014–15 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
2014–2015 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.

**2014–15 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 2014–15*. 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.

Federal 2014–15 Income Eligibility Guidelines Advanced Placement/International Baccalaureate Test Fee Program

Effective July 1, 2014 through June 30, 2015

Size of Family Unit	185 Percent Income Level				
			Twice Per	Every Two	
	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional family member	\$7,511	\$626	\$313	\$289	\$145

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. 79, No. 43, March 5, 2014, p.12467.

2014–15 Ingresos del Nivel Federal para Elegibilidad Advanced Placement/International Baccalaureate Test Fee Program

De 1 julio, 2014 a 30 junio, 2015

Tamaño de la Unidad Familiar	185 Por Ciento Nivel de Ingresos				
			Dos Veces por	Cada Dos	
	ANUAL	MENSUAL	MES	SEMANAS	SEMANAL
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
	\$7,511	\$626	\$313	\$289	\$145

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. 79, No. 43, 5 marzo, 2014, p. 12467.