



# AP Contract 2010-2011 South County Secondary School

Student Information: \_\_\_\_\_  
Last Name First Name

Email address: \_\_\_\_\_

Counselor: \_\_\_\_\_ Grade Level in 2010-11: 10 11 12  
(Circle one)

Parent Information: \_\_\_\_\_  
Last Name First Name

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Mobile Parent Work

This contract applies to the following courses (\* see bottom of page):

AP Course Name	*see bottom of page
*	
*	

By signing this contract, I understand that the following conditions and requirements apply:

1. I have received all the AP Information for my AP courses online and have printed and returned the completion sheet to the appropriate person.
2. I understand that if I drop an AP course I will not receive the quality points attached to my GPA.
3. I thoroughly understand the course description and expectations of a college-level course.
4. I will complete all summer assignments prior to the first day of classes.
5. I will take the AP exam, as specified by FCPS and pay the required fee if applicable.

**I affirm that I have read this contract and I will abide by its stipulations.**

\_\_\_\_\_  
Student Signature Date: \_\_\_\_\_

**I support my child's decision and I understand the ramifications of this selection.**

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

**\* IF YOU REGISTER FOR MORE THAN 3 AP COURSES YOU MUST HAVE YOUR SUBSCHOOL ADMINISTRATOR'S SIGNATURE**

*The above named student has met and discussed with me their desire to take more than three Advanced Placement courses next school year. I am confident that the student understands the demands on their time and the exceptional effort needed to be successful in all their courses.*

Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## RETURN THIS CONTRACT TO YOUR COUNSELOR