

Counselor _____ Grade in 09-10 _____

AP Contract 2009-2010 W.T. Woodson High School

Student Name _____ ID# _____

AP Course	Attended After School Information Session <input checked="" type="checkbox"/>	OR met with teacher/ Teacher signature for each course	I understand the requirements for this course Enter yes or no for each course

Parent/Guardian Name _____

Parent/Guardian Email _____

Preferred Parent/Guardian Phone _____

By signing this contract, I understand that the following conditions and requirements apply to my taking one or more AP courses.

- I agree to remain in the class for the first semester and to take the mid-year exam. I understand that my semester grade will be recorded on the mid-year and final report card and transcript (and for seniors only, on the mid-year transcript) as “W/P” or “W/F.” **Schedule changes will not be permitted until the end of 1st semester.** Any change will be contingent upon space availability, extenuating circumstances, and the teacher’s appraisal of my capabilities to do the work.
- I understand the course description and expectations of a college-level course. I have either attended the AP Information Session or have talked with the AP teacher for each class about expectations.
- I will complete all summer assignments prior to the first day of classes.
- 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 student’s enrollment in the above AP class (es).

Parent/Guardian Signature

Date

*Please return this signed contract to your counselor by **March 13, 2009**. Students will be removed from the requested AP courses after this date and placed in the appropriate general course or alternate elective course.*