



STATE OF ALABAMA
DEPARTMENT OF EDUCATION



Michael Sentance, J.D., LL.M.
 State Superintendent of Education

April 3, 2017

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 of Education

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MEMORANDUM

TO: City and County Superintendents of Education

FROM: Michael Sentance *MS*
 State Superintendent of Education

RE: Advanced Placement (AP) Exam Fee Reduction Program

The Alabama State Department of Education (ALSDE) will pay a portion of the test fees for eligible low-income public school students who took Advanced Placement (AP) and International Baccalaureate (IB) examinations in 2017. The ALSDE will continue to use the authorized definition of "low-income individual" as eligibility for free or reduced-price lunches under the *National School Lunch Act*. The 2016-2017 school year eligibility guidelines relating to eligibility for a free or reduced-price lunch were published by the U. S. Department of Agriculture in the *Federal Register* on March 23, 2016. This notice is available at the following link: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-23/pdf/2016-06463.pdf>. The listed Income Eligibility Guidelines in the above publication will be used to determine a public school student's low-income status and eligibility for AP and IB test fee assistance during school year 2016-2017.

In order to receive reimbursement from the ALSDE, the school system's AP/IB coordinator will need to download a copy of the *AP/IB 2017 Request for Payment Form* (form is attached) and submit it to the ALSDE along with a copy of the *College Board AP Exam Invoice: State Copy* and/or the *IB Exam Invoice*. A copy of the *Request for Payment Form* may be down loaded from the ALSDE's Web site at the following link: <http://www.alsde.edu/sec/isvcs/Pages/home.aspx>. Please follow directions on the form for submitting reimbursement requests.

The deadline for submission of these documents is July 31, 2017.

Thank you for your continuing support of the AP and IB programs in Alabama. If you have questions regarding these reimbursements, please contact Dr. Michal G. Robinson, AP/IB Program Manager, by e-mail at mrobinson@alsde.edu or by telephone at (334) 353-1191.

MS/MGR/LM

Attachment (**Revised**)

cc: Dr. Barbara J. Cooper
 Mrs. Shanthia M. Washington
 Mrs. Vera Guettler
 Mrs. Robin A. Nelson
 Dr. Michal G. Robinson

FY17-2043

State of Alabama
Advanced Placement (AP) and International Baccalaureate (IB) Test Fee Program

Revised

AP/IB 2017 Request for Payment Form

Through the fee reduction program, the Alabama State Department of Education (ALSDE) will reimburse the schools in your school system for a portion of the money expended on the 2017 Advanced Placement (AP) exam fees and International Baccalaureate (IB) exam fees taken by eligible low-income students participating in the federal free or reduced-priced lunch program, **provided funds are available**. In order for the school system to receive reimbursement, the ALSDE will verify the remittance amount paid for eligible low-income testing for each high school through your submission of this *AP/IB 2017 Request for Payment Form*. (This form is downloadable on the ALSDE's Web site at the following link: <http://www.alsde.edu/sec/isvcs/Pages/home.aspx>). Reimbursement funds to your school system will come from various funding sources available to the ALSDE. Reimbursement forms should be sent to the ALSDE by the district AP/IB Coordinator or a designee.

Directions for requests for reimbursement:

1. Submit a separate *AP/IB 2017 Request for Payment Form* for **each eligible high school** in the school system. Complete the form below and obtain the signatures of the principal, the Chief School Financial Officer (CSFO), and the superintendent (in blue ink, please, in order to indicate originals).
2. Attach a copy (**required to receive reimbursement**) of the *College Board AP Exam Invoice: State Copy or the IB Exam Invoice (both if applicable)* to each *AP/IB 2017 Request for Payment Form*. The quantity and cost of tests with fee reductions should be indicated on the invoice(s).
3. **Both** the *AP/IB 2017 Request for Payment Form(s)* and the *College Board AP Exam Invoice: State Copy or IB Exam Invoice(s)* are required in order for reimbursement checks to be processed. The deadline for submission of these two/three documents is **July 31, 2017**. **Please mail** the completed (original) *AP/IB 2017 Request for Payment Form(s)* and the invoice(s) to:

Dr. Michal G. Robinson, AP/IB Program Manager
Alabama State Department of Education
Instructional Services Section
P. O. Box 302101
Montgomery, AL 36130-2101

Reimbursement checks will be **mailed to the central office** of the school system. If you have questions, please contact Dr. Michal G. Robinson by e-mail at mrobinson@alsde.edu or by telephone at (334) 353-1191.

The _____ **City/County Board of Education** respectfully requests AP and/or IB test fee reimbursement for _____ **High School**. In the table below, fill in the correct number of exams in brackets, multiply by amount of reimbursement per test, and enter that amount in the cost column. Compute the total cost at the bottom of the cost column.

Number of Tests Taken By Eligible Low-Income AP and IB Students	Cost
[] AP Exams (except AP Seminar/Research) x \$ 33.00	
[] AP Seminar and AP Research Exams x \$ 48.00	
[] IB Exams x \$ 66.00	
TOTAL REIMBURSEMENT DUE	

Name of System AP/IB Coordinator _____

E-Mail Address _____ Telephone Number _____

I verify that the above information is correct.

Signature of Principal **Date**

Signature of Chief School Financial Officer **Date**

Signature of Superintendent **Date**