South Brunswick High School
2020-2021 Additional Advanced Placement Course Waiver Form
DUE FEBRUARY 21st, 2020

Student’s Name: ___________________________________________________________

Counselor: ______________________________________________________________

SBSD strongly recommends only two AP courses per school year.
PLEASE LIST ALL AP COURSES BELOW

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If additional courses are requested, please add them below.

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________________________________________________________________________
________________________________________________________________________

Students registering for AP courses:
• Must complete an extensive summer assignment for each class by the designated due date. If the summer assignment is not completed on time, student will be removed from class.
• If student IS NOT registered for a specific AP class, the summer assignment for that class should not be completed.
• Are expected to participate in the Advanced Placement Examinations, administered each year in May.
• Each student will be responsible for the cost of the examination.

For more information, you may access the following website: http://apcentral.collegeboard.com

Parents and student, please ensure that the following criteria have been met:
• Student has met the prerequisites at time of scheduling and will maintain grades throughout the school year.
• Student understands the requirements and expectations of the course(s), including summer assignments.
• Students who do not complete summer assignments by the due date will automatically be dropped from the course.

Student’s Signature: _______________________________ Date: ________________

Parent’s Signature: _______________________________ Date: _________________

Counselor’s Signature: _____________________________ Date: ________________

DUE FEBRUARY 21st, 2020

** PLEASE RETURN THIS COMPLETED FORM TO THE COUNSELOR’S MAILBOX FOR A SIGNATURE. THE MAILBOX IS LOCATED NEXT TO THE COUNSELOR’S OFFICE DOOR IN THE GUIDANCE DEPARTMENT. **

SN/fnb 2/20