Overland High School Advanced Placement Payment Contract

Student Name:		Student ID:		Grade:	
Exams Ordered		Cost (\$93 each)		
Total:		Total:			
Students may apply for a pay	ment plan.	1 otal.			
Payment Date	Amount		Total Paid		
OUR					
UVER17					
Payment Plan Completed	March 2	24th Due (Date)		(Initial)	
Students who qualify for the Free for a reduction in fee. Free or Reduced per exam. Proof of Free or Reduced Lunch for more information. I agree to pay for the Advanced Pl fulfill my obligation to pay for the Overland High School will be app	qualification is a acement exams for Advanced Placen	am qualifiers will r required when ord r which my son/da nent exams, I under	lering exams. See Mrs. Oughter is registered. Showstand that the balance ov	ce of \$35 Crittenden ald I not ved to	
receive their diploma.					
Parent Name (please print)		Parent Sign	ature	Date	
Student Signature	Date	OHS Admir	nistration Signature	Date	