ST. CHARLES EAST HIGH SCHOOL
REGISTRATION FOR 2026-2027 ADVANCED PLACEMENT EXAMINATIONS
Forms and payment are due by November 6, 2026, to Mr. Gill in the CCR Office

PRINT IN INK

STUDENT NAME: _____ STUDENT I.D. # _____

PARENT/GUARDIAN SIGNATURE _____

I request to take this Advanced Placement examination for $100.00 per exam.

_____ _____ $_____
Name of Exam
*MAKE CHECK PAYABLE TO
ST. CHARLES EAST HIGH SCHOOL (with D.L. number) TOTAL AMOUNT DUE* $_____
ATTACH CHECK OR ENVELOPE WITH CASH TO FORM

FOR OFFICE USE ONLY:
DATE:_____ AMOUNT RECD._____ CASH___ CHECK___ CHECK #_____ RECEIVED BY: _____

REGISTRATION RECEIPT and ADMISSION TICKET
2027 ADVANCED PLACEMENT EXAMINATION PROGRAM

PRINT IN INK

Student Name: _____ **Examination Fee**

Name of Exam:_____ $ _____

Total Amount Paid $ _____

OFFICE USE ONLY:
DATE: _____
AMOUNT: _____
RECD. BY: _____

THIS RECEIPT AND YOUR PHOTO I.D. MUST BE PRESENTED FOR ADMISSION INTO THE EXAMINATION ROOM

For more information, contact Mr. Matt Gill, Assistant Principal, at 331-228-5587.