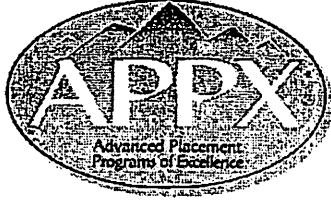


A SCPS Signature Program
"Scaling New Heights ... Achieving New Dreams"



Advanced Placement Program
Withdrawal from Program Form

Student:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ___/___/___ Gender: ___ M ___ F Present Grade Level: ___ 8 ___ 9 ___ 10 ___ 11 ___ 12

Current Middle or Previous School: _____ Counselor's Name: _____

Parent/Guardian:

Last Name: _____ First Name: _____

Please read the following statements and sign at the bottom:

"I wish to be removed from the APPX program and understand that with this withdrawal I forego all recognitions and am no longer eligible for any of the distinctions associated with this specific program. If in the future I wish to continue in the program I am aware that I must submit a new, completed Registration Agreement."

Student Signature

Date

Parent Signature

Date