

**PARENT CONSENT AGREEMENT FORM
FOR DISTRICT 117 FIELD TRIPS**

In consideration of the permission extended to _____ (name of child) by the Board of Education of Community High School District 117 to participate in Advanced Placement Testing, which may be held at an alternate location, we, the parents/guardians of _____ understand that good student behavior consistent with Board Policy and the Student Handbook is expected of our child. We also understand that there are inherent risks in any student activity and believe that this trip does not pose any unreasonable risk to my student. That is the reason I agree to allow my student to participate, and I fully expect him/her to abide by all rules and regulations of the activity and the expected behaviors of any student in District 117.

In case of an emergency rising out of serious illness or injury, permission is hereby granted to transport my son/daughter to a medical facility, if necessary, and to provide necessary treatment. I understand that an attempt will be made by the school administration, the sponsor of the organization, or the attending physician to contact my spouse or me in the most expeditious way possible. If said physician is not able to communicate with me or my spouse, permission is hereby granted to the attending physician to proceed with necessary medical or surgical treatment in the best interest of my son/daughter, and if necessary to admit him/her to a medical facility. The undersigned has read this Parent Consent Agreement, understands its terms, and executes it voluntarily.

Signature of Student	Date	Address	
		City	
Signature Father/Guardian	Date	Signature Mother/Guardian	Date
Daytime Telephone _____		Daytime Telephone _____	
Evening Telephone _____		Evening Telephone _____	
Cell phone _____		Cell phone _____	

**LAKES COMMUNITY HIGH SCHOOL
2010 ADVANCED PLACEMENT EXAM REGISTRATION**

Student: _____

ID Number: _____

Submit registration, payment and permission slip to the Guidance Office, February 22nd through March 12, 2010. Check each A.P. Exam you plan to take in May. There is an \$86.00 fee for EACH exam. (If you receive free or reduced lunch, \$56.00 per exam.) Please make checks payable to LCHS. If you wish to take two tests at are offered at the same time, **please sign-up for both.** Make-up testing, for approved conflicts only, will be May 19th - May 21st. Due to College Board procedures, late registration will not be accepted. If you have questions or concerns, please contact Ms. Repa at 847-838-7137 or nrepa@lakes eagles.com

WEEK 1	MORNING – 7:30 A.M.	AFTERNOON – 11:45 A.M.
Monday, May 3	<input type="checkbox"/> Government & Politics United States	<input type="checkbox"/> Government & Politics Comparative
Tuesday, May 4	<input type="checkbox"/> Spanish Language	<input type="checkbox"/> Statistics
Wednesday, May 5	<input type="checkbox"/> Calculus AB <input type="checkbox"/> Calculus BC	
Thursday May 6	<input type="checkbox"/> English Literature <input type="checkbox"/> German Language	
Friday, May 7	<input type="checkbox"/> US History	<input type="checkbox"/> European History
WEEK 2	MORNING – 7:30 A.M.	AFTERNOON – 11:45 A.M.
Monday, May 10	<input type="checkbox"/> Biology <input type="checkbox"/> Music	<input type="checkbox"/> Physics B <input type="checkbox"/> Physics C – Electricity & Magnetism <input type="checkbox"/> Physics C - Mechanics
Tuesday, May 11	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Psychology
Wednesday, May 12	<input type="checkbox"/> English Language	

Office Use

Dollar amount collected \$ _____ Total # of exams _____ Cash _____ Check _____

Permission Slip Received: _____ Received by: _____ Date: _____