

**2018–19 Advanced Placement/International Baccalaureate Exam  
Statement of Income Eligibility**

I, \_\_\_\_\_, parent/guardian, of  
\_\_\_\_\_ (student's name), have received a copy of the **Federal  
2018–19 Annual Low-Income Levels\***. I certify that my family household income is  
within the income guidelines for a family of \_\_\_\_\_ (write number of family  
members).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\* Household income does not exceed 185 percent of the federal poverty income guidelines.

**\* This form is to be retained by the school site for five years.**