***Massachusetts Department of Elementary and Secondary Education***

**International Baccalaureate Test Fee Reimbursement Program School Worksheet**

**FORM A**

Directions to receive IB exam fee subsidy: School IB Exam Coordinator must complete and provide this form to the ***IB Exam Fee Subsidy Program*** to ccte@mass.gov with a copy of the IB exam Fee Invoice.

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| --- |
| School Name: |
| School Coordinator: |
| School Coordinator Telephone: Extension: School Coordinator Email: |

|  |  |  |
| --- | --- | --- |
| **Number of Students** | Number of AP Students | Number of IB Students |
| Enter the **total number of income eligible students** who took the **IB** examinations.  |  |  |
| Enter the **total number of students** who took the **IB** exams – regardless of household income level.  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reimbursement for International Baccalaureate (IB) Examinations** | Number of Exams  | Multiplier | Total Amount |
| Enter the **total number** of **IB Examinations** taken by **income eligible** students – household income did not exceed 185 percent of the federal poverty income level. |  |  $104 |  |
| Enter the **total number** of **IB Examinations** taken by **all** students for your school – regardless of household income level. |  |  |  |
| **TOTAL IB Fee Subsidy Amount Requested** |  |  |  |

**Please note:** For a student in a qualifying public high school to be eligible for an IB exam fee subsidy (or subsidies), that student must be:

1. enrolled in IB course for which he/she is taking the exam, **and**
2. the student is eligible for free or reduced priced school lunch under the National School Lunch Act (Primary Criteria), **or**
3. the student’s family receives assistance under part A of Title IV of the Social Security Act, **or**
4. the student is eligible to receive medical assistance under the Medicaid program under title XIX of the Social Security Act, **or**
5. the student’s family income is at or below the Census Bureau's "poverty threshold." See [Income Eligibility Chart](http://www.doe.mass.edu/ap/eligibility.html) for details.

High schools must ensure that all family financial information documenting student eligibility for either an AP or IB exam fee subsidy will remain confidential. For that reason, high schools must maintain secure files with the documentation that students who are receiving either AP or IB exam fee subsidies have met the eligibility requirements. Please note that as a condition of this subsidy, the state program coordinator will conduct on-site reviews of the files for documenting student eligibility.

*I certify that this school maintains such files for five (5) years.*

 **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**