

La Center School District

Tuition Reimbursement Pool Donation

Name: _____

Date: _____

Please check one or more of the boxes below:

I donate my balance of the current school year's tuition reimbursement.

I donate my balance of the past school year's tuition reimbursement.

I donate _____ dollars of my current balance in my tuition reimbursement account.

Signature

** Please return signed form to the district office.