

La Center School District
Tuition Reimbursement Pool Request

Applicant Name: _____

I am requesting funds in the amount of _____ from the Tuition Reimbursement Pool in order to participate in:

Please list class(es) being taken:

Class Title	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above class(es) are being taken to accomplish one or more of the following:

- Renewal of Teaching Certificate
- Advanced Degree
- National Teaching Certificate
- Professional Development (Must be approved by your administrator)

Administrator Approval

If this reimbursement request is approved, I agree to successfully participate in the above listed class(es) or I will notify the approval committee as soon as possible that I will not be able to use the funds as requested.

Signature

Date

** Please return signed form to the district office.