

**LA CENTER SCHOOL DISTRICT
TUITION REIMBURSEMENT POOL REQUEST**

I AM CERTIFICATED _____

I AM CLASSIFIED _____

Applicant Name: _____

I am requesting funds in the amount of \$ _____ from the Tuition Reimbursement Pool for the following classes:

Class Title		Date
_____	AMT\$ _____	_____
_____	AMT\$ _____	_____
_____	AMT\$ _____	_____
_____	AMT\$ _____	_____

I have attached proof of the following:

___ Proof of payment ___ Proof of attendance ___ Proof of successful Completion

Administrator Approval _____
Date

Applicant Signature _____
Date

****Please return signed form and attached paperwork to the district office.**