

# La Center School District Internet "Hot Spot" Access Assistance Program Reimbursement Form

Parent Name: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Hotspot Provider: \_\_\_\_\_

Reimbursement Request Dates: \_\_\_\_\_ to \_\_\_\_\_

I am requesting reimbursement for:

Hotspot Purchase (Up to \$100):

Monthly Data Charge (Up to \$35/month):

Total reimbursement Requested: \_\_\_\_\_

I certify that we are only using hotspot to access learning and class materials provided by the La Center School District during the COVID-19 pandemic.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_