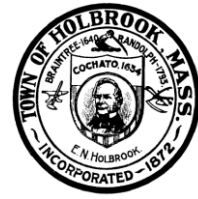


# Holbrook Public Schools

## APPLICATION FOR COURSE REIMBURSEMENT

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DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SCHOOL:            JOHN F. KENNEDY  HOLBROOK MIDDLE-HIGH

GRADE/SUBJECT: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

DATES ENROLLED:    FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CREDITS: \_\_\_\_\_ COURSE GRADE: \_\_\_\_\_ TUITION: \_\_\_\_\_

I HEARBY REQUEST COURSE REIMBURSEMENT IN ACCORDANCE WITH THE PROVISIONS OF THE H.E.A. CONTRACT, ARTICLE XXX, SECTION A.

STAFF MEMBER'S SIGNATURE: \_\_\_\_\_

*Please attach proof of tuition payment and copy of grade report and forward completed form to the Superintendent's Office by the first Wednesday in June.*

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SUPERINTENDENT'S APPROVAL:

Application for reimbursement meets the requirements of above cited contractual agreement and is hereby approved for payment.

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SUPERINTENDENT OF SCHOOLS

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DATE OF APPROVAL

PAYABLES:            DATE PROCESSED: \_\_\_\_\_

DATE TO BE PAID: \_\_\_\_\_