



Appomattox County Public Schools
 Tuition Reimbursement Application Form
 School Year 2019-2020 (July 1st to June 30th)



Part A - for applicant to complete

Applicant's Name (please print) : _____ Date: _____

Your current work location : _____ Yr License Expires : _____

Current Endorsement(s) : _____

Title of Course you want to take : _____ Course #: _____

College or University : _____ # credit hrs : _____

Month & Year class begins: _____ Month & Year class ends: _____

Total cost of class: \$ _____

Brief course description: _____

Why are you taking this class: _____

Signature: _____ Date: _____

(Send this form to the Dir of Curr & Instruction at the School Board Office)

Part B - Review and Signature

Request Reviewed by Director of Curriculum and Instruction: Approved Denied

Reason for denial, If denied : _____

Directors signature: _____ Date: _____

(contact teacher with approval/denial and reason if request denied)

Part C - completed at SBO upon completion of the class

Date transcript received : _____ Date pd receipt received: _____

(Once transcript and paid receipt received, it is OK to reimburse - max of \$500.00)

Director of Curriculum and Instruction Signature: _____

Date: _____ Amount of reimbursement (\$500 Max): _____