

# IBERIA PARISH SCHOOL BOARD

## Tuition Reimbursement Form

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

**NOTE:** This form is to be used by teachers/teacher aides to request financial assistance for university courses.

Teacher's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Employee #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Current Teaching Position: \_\_\_\_\_  
School Grade or Course

Email: \_\_\_\_\_

I am taking the course(s) for the following reason (check one):

- \_\_\_\_\_ TAT Teacher/OFAT Teacher/ Teacher Aide (**Circle One**)  
\_\_\_\_\_ Certified Teacher Working on SPED/Gifted Certification  
\_\_\_\_\_ PL1, PL2, PL3, PL4 Teacher (**Circle One**)  
\_\_\_\_\_ National Board Certification

**Tuition Assistance:** \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Tuition Paid \$ \_\_\_\_\_

\_\_\_\_\_ University Attending \_\_\_\_\_ Course # / Title \_\_\_\_\_ Grade

**IMPORTANT: Do not submit application without all three needed attachments. Initial each item attached.**

- \_\_\_\_\_ Receipt of **paid** tuition ("Paid" must be stamped on the receipt) or web receipt  
\_\_\_\_\_ Copy of the official grade sheet with grade earned in the course  
\_\_\_\_\_ Prescription of courses required for certification (Highlight the course(s) you have taken this semester.  
**This must be submitted each semester.**

**NOTE: No consideration will be given for reimbursement if necessary documents are not submitted.**

**FINAL STATEMENT:** The above information is correct and the necessary attachments have been turned in with the form to the Personnel Office.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Amount Reimbursed: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Director of Personnel Supervisor/Director

\_\_\_\_\_  
Accountant Assistant Superintendent /Designee