



KAUFMAN HIGH SCHOOL

3205 S. Houston Street
Kaufman, Texas 75142
972 932-2811
Fax 972-932-5644

Gavin Eastep - Principal

REQUEST FOR REIMBURSEMENT FOR SAT/ACT/TSI TEST

Parent Information (where KISD will send the check):

Parent Name _____
Address _____
City/State/Zip _____
Phone # _____

Please return this signed form to your counselor in the Counseling Center.

A-Gon – Traci Mitchell

Goo-O – Cory Smith

P-Z – Joanna Davis

A student will be reimbursed by KISD for a maximum of one (1) test per school year, regardless of whether it is an SAT/ACT or TSI test.

Test Taken: _____ Date of Test: _____ Amt Paid: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

Student Printed Name: _____

Hope Smith
Assistant Principal
A - Gon

Colt Clemens
Associate Principal
Goo - O

Barron Jones
Assistant Principal
P – Z