APPLICATION FOR TEACHER TUITION EXEMPTION

FAILURE TO PROVIDED ANY INFORMATION REQUIRED WILL RESULT IN APPLICATION DENIAL

Date_____

CLAIBORNE PARISH SCHOOL BOARD
P. O. Box 600 Homer, LA 71040

INVOICE FORM

Pay To_____
NAME

_____
ADDRESS

(Transfer total from Expenses/Reimbursement Claim Form) Tuition		
School:		
Fund: Title		
Account: Tuition		
Principal Signature:		
Total		

_____
Supervisor, Title II, CPSB Date

Expenses/Reimbursement Claim

Name_____ Position_____

School_____ Date_____

Claim Date	Claim Item	Amount
	F W Sp Su Tuition	

Total _____

Student's Signature_____

Note: On Claim Items, be specific: ie (Attach copy of expense slip or receipt for registration)

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_____ Semester _____ _____
(Fall/Spring/Summer) (Quarter) (Year) (Name of College/University)

SECTION I. TO BE COMPLETED BY APPLICANT (Print or Type)

Name: _____ _____
Last First Middle/Maiden Social Security #

_____ ___(_____)_____
Home Address Home Telephone Number

_____ _____
City, State, and Zip Code Area(s) of Certification

_____/_____ _____
Position / Subject(s) you are teaching School(s)

_____**Claiborne Parish School District**_____ _____
Employing School System School Telephone Number

Currently teaching: Yes___No___ Teaching Level: Elementary Regular Ed._____Secondary Ed_____ Sp. ED. _____

REFER TO THE PARTICIPANT/COURSE ELIGIBILITY CHART FOR YOUR PATICIPANT AND COURSE CATEGORIES

Participant Category

Check the one that applies to the participant:

_____ 1-A Certified

_____ 1-B Certified – Teaching Out-of-Field

Methodology)

_____ 1-C Non-Certified – Enrolled in Teacher Education Program

Course Category

_____ Category A – Certification for Job Assignment

_____ Category B – Job Assignment (Content & Content

COURSES REQUESTED: The Department, Course Number, Credit Hours, and Course Title must be provided by applicant (Columns 1, 2, 3, 4). Approval/Denial columns will be completed by WPSB Title I Department (Columns 5, 6).

Must have a copy of the participants plan of study

Example: *EDCI, 441, 3, Methods of Teaching Kindergarten Children.*

Department	Course #	Credit Hours	Course Title	To be completed by CPSB Title II APPROVED	DENIED

SECTION II. TO BE COMPLETED BY PRINCIPAL, APPLICANT, AND TITLE I SUPERVISOR

PLEASE READ CAREFULLY BEFORE SIGNING: *I understand that by accepting these funs. I am agreeing to teach for one academic year beyond the current year in Claiborne Parish School. I have received a copy of the Tuition Exemption regulations. If I drop, withdraw, or fail to complete course successfully for which tuition exemption is granted, no tuition will be remitted and I am responsible for payment. I give permission for all concerned in the implementation of the Tuition Exemption Program to release information as required.*

_____ _____
Applicant's Signature *Principal Signature (Required on all forms)*

TO BE FILLED BY CPSB TITLE II
Action: Approved_____ Denied_____(Reason for denial Attached) Waiting List Approval_____
Application review by:_____
Complete Section I and mail to Claiborne Parish School Board, Title II, P. O. Box 600 Homer, LA 71040
Only one applicant can be submitted for each session

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TUITION REIMBURSEMENT AGREEMENT

This agreement is made this _____day of _____, _____by and between the Claiborne Parish School Board and the undersigned employee. This agreement is a binding legal document and sets forth the duties and obligations of ach party regarding its contents, obligations, duties, powers, or services mutually held or exercised by the Claiborne Parish School Board and the undersigned employee. Moreover, nothing in this agreement should be construed to limit the school board's authority under Title IV!! Of the Louisiana Revised Statutes including but not limited to, Louisiana Revised Statutes 17:81 et al 17:422 et al, and 17:441 et al.

1. EMPLOYEE INFORMATION

   Name_____Position_____

   Claiborne Parish School Board may reimburse Employee for up to $_____for course work completed during a school year (June30-July 1) for which approval has been granted under the following conditions:

   1. The employee seeing reimbursement will be reimbursed only for courses that enable the employee to meet qualification and certification requirements applicated to their area of teaching or school board needs;
   2. The employee seeking reimbursement shall complete the course with a grade of "C" or better in undergraduate courses, "B" or better in graduate courses, or passing gas in pass/fail courses (no reimbursement will be made for audited or incomplete course work)'
   3. The employee seeking reimbursement must have had the course work pre-approved by_____for reimbursement to insure that the course in question meets the standards stated in part 1 above.

   Reimbursement shall be made for tuition only and does not include any ancillary fees, expenses, or cost for items such as books, parking, travel, lodging, meals, transcript fees, technology fees, or any other non tuition costs.

2. COURSE INFORMATION

   Name of university, college, or other institution offering course:_____
   _____
   Name of course(s) taken: _____
   _____
   Total credit hours for course(s) listed above:_____
   Total Tuition for course listed above:_____

   You must attach:

   A. A written plan of student prepared by the institution; and
   B. An original invoice or bill for tuition cost.
   C. A formal document from the university from which the applicable course work has been earned listing any and all financial aid obtained by the undersigned employee and applied to the tuition for the course work for which reimbursement from the Board is being sought.

3. SET OFF

   The school board reserves the right to receive a credit for any other financial aid granted the undersigned employee in obtaining the course work for which reimbursement is sought against it obligations of reimbursement to the employee for that course work.

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4. DUTY OF PAYMENT

Nothing in this document shall be construed as obligating the Claiborne Parish School Board to directly pay the tuition of the undersigned employee to the educational institution providing the employee's course work. The duty of paying tuition for such course work remains always with the undersigned employee.

5. TRANSCRIPT REQUIREMENT

The Board will reimburse the employee for tuition expenses only when the employee submits complete and office documentation (i. e. original grade reports, receipts, or online transcript (not photocopies or faxes showing a grade allowing for reimbursement under the conditions stated above.

6. REPAYMENT UPON EARLY RESIGNATION

The undersigned employee acknowledges that, in consideration for the Board's reimbursement of his/her tuition, the employee assumes the obligation of continuing employment with the Board for a minimum of two (2) school years following the completion of the coursework outlined above.

The undesigned employee agrees to repay the Board 100 percent of all reimbursed expenses if he/she voluntarily resigns within in one year after completing any course for which he/she was reimbursed, and 50 percent of such costs if he/she voluntarily resigns after one (1) year has lapsed, but withing two (2) years after completing any course for which he/she was reimbursed. In the event that he employee is involuntarily discharged, for cause, the employee will immediately become liable for the full repayment of any tuition cost reimbursed by the Board.

The undersigned employee hereby agrees to pay any and all balances due at that time to the Board in full upon demand. In the event payment in full is not made upon demand the undersigned employee knowingly and voluntarily authorizes the Board to deduct from his/her wages any amount owed by him/her to the Board under this agreement. Such failure to pay will also be regarded as insubordination and willful neglect of a duty that is owed to the school board. Upon referral of this debt by the Board to an attorney, the undersigned employee further agrees to pay reasonable attorney fees, court costs, and collection costs, in addition to the balance owed.

_____ _____

Employee's Signature Date

_____ _____

Supervisor's Signature Date

_____ _____

Superintendent's Signature Date