



**ROBBINSDALE AREA SCHOOLS
REQUEST FOR REIMBURSEMENT FOR HOME SCHOOL TEXT MATERIALS
2024/2025 SCHOOL YEAR**

Student Name _____ Grade _____

Parent Name _____

Address _____

City/State/Zip _____ Telephone _____

The following student text materials or testing costs have been incurred for providing at-home instruction to my (our) son/daughter: (**Original Receipts dated between 7/1/2024 & 5/15/2025** for the materials must be attached.)

TEXT MATERIALS	PUBLISHER	COST
TOTAL		

The materials must be “secular, neutral, non-ideological and not capable of diversion for religious use.”

I certify that this material has been purchased and will be used in the education of our son/daughter. I request reimbursement from Robbinsdale Area Schools in the amount of _____ as provided in MN Statutes Chapter 3540, 123.931 – 123.947.

Signature(s) _____ Date _____ For _____

2024/2025, the maximum amount of reimbursement is \$120.97 *This form must be submitted on or prior to May 15, 2025.*

(Do not use this form if you checked NON-PARTICIPATION on the Student Report For Aids To Nonpublic Students, ED-01650-37.)

Please return this form, along with your original receipts and bank statements for online credit card purchases to:

Homeschool Liaison
Robbinsdale Area Schools
4148 Winnetka Avenue North
New Hope, MN 55427