



ST. MARY PARISH SCHOOL BOARD

APPLICATION FOR REIMBURSEMENT OF PRAXIS® FEES

Note: Must be submitted during the same fiscal year completed (July 1 – June 30).

Name: _____

Date: _____

Social Security Number: _____

School: _____

Address: _____
Including city, state, zip.

Position: _____

Phone: _____

PARTICIPANT CATEGORY:

☐ Initial Certification

TEST NAME	TEST NUMBER	TEST DATE	HUMAN RESOURCES OFFICE USE ONLY
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT I SHALL NOT BE REIMBURSED FOR ANY PRAXIS® FEES SHOULD I FAIL TO TAKE A TEST THAT I AM REGISTERED TO TAKE. I FURTHER UNDERSTAND THAT IF I RESIGN PRIOR TO TAKING THE TEST OR PRIOR TO BEING REIMBURSED, I WILL NOT BE ELIGIBLE FOR A REIMBURSEMENT.

APPLICANT'S SIGNATURE

PRINCIPAL/SUPERVISOR'S SIGNATURE

DOCUMENTS TO SUBMIT:

- ☐ This completed application
- ☐ A copy of your test results
- ☐ A copy of your Praxis® application
- ☐ Proof of payment

Completed documents should be sent via email to KESTAY@STMARYK12.NET or mailed via PONY to Kristina Estay, Human Resources Director, Central Office Complex.

FOR OFFICE USE ONLY:

PAY \$ _____

HR DIRECTOR SIGNATURE