



## ST. MARY PARISH SCHOOL BOARD

### APPLICATION FOR REIMBURSEMENT OF SPECIAL EDUCATION ADD-ON ENDORSEMENT FEES

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

MAX REIMBURSEMENT: \$3,800

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Including city, state, zip.

Phone: \_\_\_\_\_

#### PARTICIPANT CATEGORY:

☐ Special Education Add-On

PROGRAM	COMPLETION DATE	HUMAN RESOURCES OFFICE USE ONLY
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied

#### PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT REIMBURSEMENT REQUESTS ARE COMMENSURATE WITH THE STATEMENTS OF AGREEMENT LISTED WITHIN THIS DOCUMENT. **BY ACCEPTING TUITION REIMBURSEMENT, I AGREE TO WORK FOR THE ST. MARY PARISH SCHOOL BOARD FOR TWO (2) YEARS IN A SPECIAL EDUCATION CLASSROOM. FAILURE TO FULFILL THE TWO-YEAR COMMITMENT WILL REQUIRE REPAYMENT OF ALL TUITION REIMBURSED BY ST. MARY PARISH SCHOOL BOARD.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINCIPAL/SUPERVISOR'S SIGNATURE

#### DOCUMENTS TO SUBMIT:

- ☐ This completed application
- ☐ Proof of valid add-on certification
- ☐ Proof of payment

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

FOR OFFICE USE ONLY:	
PAY \$	_____
_____ HR DIRECTOR SIGNATURE	