



Request for Nonpublic Pupil Aids Reimbursement

Student Name _____ **Grade** _____

*One form per student must be filled out. This form MUST be submitted between June 1-30 every year with receipts attached to receive the reimbursement.

Parent Name OR Nonpublic School

Name _____

Address _____

City/State/Zip _____

Email address: _____ Phone number: _____

I certify that the attached receipts for the items have been purchased and will be used in the education of my student(s) and I request reimbursement from St. Anthony-New Brighton School District in the amount of:

\$ _____

Signature _____ Date: _____

Return form and original receipts to:

St. Anthony-New Brighton School District
Attention: April Hindi
3303 33rd Avenue NE
St. Anthony, MN 55418

Student Report for Aids to Nonpublic Students form must be filled out and submitted by October 1 in order to be eligible for the reimbursement.