



# JEFFERSON PARISH SCHOOLS

501 MANHATTAN BOULEVARD  
HARVEY, LOUISIANA 70058-4495  
(504) 349-7890  
jpschools.org

## Title I Teacher Tuition/Praxis Reimbursement Application

Application Due Date (Spring): **November 17, 2025–December 5, 2025**

### Section I: Complete application in blue ink.

\_\_\_ Semester \_\_\_ Year                      Name of Accredited College/University: \_\_\_\_\_

\_\_\_\_\_ Last                      First                      Middle/Maiden                      Employee Number

\_\_\_\_\_ Home Address                      ( ) \_\_\_\_\_ Home Telephone Number

\_\_\_\_\_ City                      State                      Zip Code                      ( ) \_\_\_\_\_ School Telephone Number

\_\_\_\_\_ Teacher Certificate Type and Number                      Area(s) of Certification                      School Assignment

\_\_\_\_\_ Position                      Area for Certification                      Subject(s)/Grade(s) you are currently teaching

### Section II: Check one of the following and complete the course requested section, if necessary.

- \_\_\_ A. Courses to acquire certification in core academic subjects in which he/she is teaching
- \_\_\_ B. Courses to acquire certification in areas of critical need (ESL, Math, Science, and Special Education not including Gifted and Talented)
- \_\_\_ C. Courses for non-certified teachers related to content area to acquire certification in the area in which he/she is teaching
- \_\_\_ D. Praxis in elementary or secondary core academic subject in which he/she is teaching or in an area of critical need

*Coursework up to six credit hours per semester that meets the appropriate participant categories listed above will be eligible for reimbursement. These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in library science or guidance counseling; and/or (c) for advanced degrees. Additionally, funds are not available for anyone receiving assistance through another local, state, or federal funding source or grant. **Grades and Fee Bills due;***

**Fall: December 12, 2025 - Spring: **May 15, 2026** - Summer: August 7, 2026**

### Praxis/Course(s) Request: Please list the Praxis/Course # and Praxis/Course title in blue ink.

Praxis/Course #	Praxis/Course Title	Approved / Denied	HR Administrator
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### Section III: Please read the statement below before signing.

I understand that if I receive an additional grant, drop, withdraw, or fail to complete a credit course successfully with a "C" or better for which Title I tuition assistance has been granted, no tuition will be remitted by Title I and that I will be responsible for payment. **I understand that I will most likely incur out-of-pocket expenses. I also acknowledge the District will only pay for courses listed on the course prescription.** I give permission for all concerned in the implementation of the Title I Teacher Tuition Reimbursement Program to release information as required.

\_\_\_\_\_ Teacher's Signature                      Date                      Principal's Signature                      Date

\_\_\_\_\_ Title I Administrator Signature                      Date