

Tangipahoa Parish School System  
**ACT/Praxis/Tuition Reimbursement Form**  
 Teacher Initial Certification

|                                  |                                  |                                                                  |
|----------------------------------|----------------------------------|------------------------------------------------------------------|
| <b>Candidate Information</b>     | <input type="checkbox"/> Teacher | <input type="checkbox"/> Paraprofessional                        |
| Employee ID:                     |                                  |                                                                  |
| Full Name:                       |                                  |                                                                  |
| Mailing Address:                 |                                  |                                                                  |
| City/State/Zip:                  |                                  |                                                                  |
| Cell and/or Home Phone Number:   |                                  |                                                                  |
| E-mail Address:                  |                                  |                                                                  |
| Highest Degree Earned:           |                                  |                                                                  |
| Certification Status:            |                                  |                                                                  |
| <b>School Information</b>        |                                  |                                                                  |
| School (where you are teaching): |                                  |                                                                  |
| Content are you are teaching:    |                                  |                                                                  |
| Grade-level:                     |                                  |                                                                  |
| <b>Reimbursement Request</b>     | <input type="checkbox"/> ACT     | <input type="checkbox"/> Praxis <input type="checkbox"/> Tuition |

Complete the fields that apply – either ACT, Praxis, or Tuition

**ACT or PRAXIS REIMBURSEMENT**

|                                                                                                                                                  |                              |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| ACT or Praxis Test Date:                                                                                                                         |                              |                             |
| Praxis Test Name:                                                                                                                                |                              |                             |
| Praxis Test Number:                                                                                                                              |                              |                             |
| Score Report and Order Details Report Attached for ACT or Praxis:                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Proof of Payment Attached:<br>(credit card or bank statement with personal information blacked out and copy of order details from ACT or Praxis) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**TUITION REIMBURSEMENT**

|                                         |                              |                             |
|-----------------------------------------|------------------------------|-----------------------------|
| Name of University or ALT CERT Program: |                              |                             |
| Course(s) Taken for this Reimbursement: |                              |                             |
| Date Taken:                             |                              |                             |
| Grade Report Attached:                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Proof of Payment Attached:              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|                              |                        |
|------------------------------|------------------------|
| <b>Signatures</b>            |                        |
| Teacher/Date:                |                        |
| Principal/Date:              |                        |
| Title I Representative/Date: |                        |
| Approved Amount:             | For office use only \$ |

All requests must be submitted by June 30 of current school year

Allow 3-4 weeks for processing

Federal Programs  
 500 East Pine Street, Amite, LA 70422

Send to [robin.danos@tangischools.org](mailto:robin.danos@tangischools.org) PHONE: 985-748-2442 FAX: 985-748-4928