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 (Fall): **July 27, 2026– August 7, 2026**

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 11, 2026 - Spring: May 21, 2027 - Summer: August 6, 2027

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