

[RESET FORM](#)

# FACILITY MEMBERSHIP

Memberships apply to locations where lessons or instruction is taking place. Family memberships will be requested or reimbursed for the prorated student portion or the published student portion of the membership, if available. Family membership must be tied to a course in the student's ILP.

Membership to non-profit vendors who are on the ASD approved educational services list, are reimbursement only. Memberships to ASD approved vendors can be either reimbursement or requisition.

Please attach a copy of the signed facility membership contract, original receipt and documents must be turned in by the reimbursement deadline.

|                                                |  |                      |  |
|------------------------------------------------|--|----------------------|--|
| Date:                                          |  | Facility:            |  |
| TYPE OF MEMBERSHIP:                            |  |                      |  |
| Family:                                        |  | Student:             |  |
| Total Cost:                                    |  |                      |  |
| If Family Membership, how many Family Members: |  |                      |  |
| Adult Price:                                   |  | Child Price:         |  |
| Membership Start Date:                         |  | Membership End Date: |  |

I understand that I am required to provide activity logs and/ or work samples to show the facility usage for my student's education. I certify that the above information is accurate.

|                   |
|-------------------|
|                   |
| PARENT / GUARDIAN |

|                    |
|--------------------|
|                    |
| FPCS Authorization |

## Office Use Only:

|                       |         |        |  |
|-----------------------|---------|--------|--|
| <input type="radio"/> | Monthly | Amount |  |
| <input type="radio"/> | Yearly  | Amount |  |
| <input type="radio"/> | Other   | Amount |  |