

VALLEY VIEW LOCAL SCHOOLS
TUITION REIMBURSEMENT APPLICATION

Teacher Name: _____

School Year: _____ Date Submitted: _____

College/University/Accredited Institution: _____

Class Begin Date: _____ Class End Date: _____

Cost for Class: _____

Course Name: _____

Signature: _____

Home Address: _____

Phone Number: _____

You must attach the following to this application:

1. A Copy of the Published Course Name and/or Description
2. Proof of Payment for the Course
3. Copy of your Grade

Course must begin or finish during the school year in which you are applying for reimbursement. Please refer to your Teacher's Master Agreement for details on this program.

All forms must be submitted to the Treasurer's Office no later than June 30th of each year in order to qualify for reimbursement for a course taken during that school year. Reimbursement checks are processed in July of each year.