

Taconic Hills Central School District

Reimbursement form for College Coursework and Advanced Placement Exam Fees

The Taconic Hills Board of Education has decided to offer a program with the goal of increasing student participation in college coursework and Advanced Placement level courses. Students will be able to receive full reimbursement of tuition fees and exam fees for all college courses and AP Exams taken during the school year. There is no maximum reimbursement amount for which a student may apply. A student must maintain a minimum 3.0 (B) grade or minimal 3 AP score in order to be reimbursed. The student also must be enrolled in good standing, full-time at Taconic Hills CSD to receive reimbursement. **Deadline for reimbursement is February 1st for the summer/semester 1 classes. August 1st for the AP and 2nd semester classes.**

A. Student Information (Please print clearly.)

Name _____

Name of College/Exam _____

Amount of Fee Reimbursement Requested _____

Address to Mail Reimbursement Check _____

If Applicable

Title of Course _____ Course Number _____

Semester _____ Check if On-line _____ Start Date _____ End Date _____

Check the following spaces when applicable and completed.

I have attached an official college transcript indicating a grade of 3.0 (B) or better _____

I have attached a grade report indicating a minimum score of 3 for the AP Exam _____

I was a full-time student at Taconic Hills during the time period of this course or exam administration _____

I have attached a letter or receipt noting proof of payment of the tuition or fee _____

Student's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

B. Verification (Guidance Office Use Only)

Date Received _____

Official College Transcript Attached and Received, Meets Grade Requirement Minimum _____ Yes

Full-time Enrollment Status in Good Standing Verified and Received High School Credit _____ Yes

School Counselor's Signature _____ Date _____

C. Principal Approval (Principal's Use Only)

Date Received _____

Principal's Signature _____ Date _____

D. Business Office Approval (Business Office Personnel Use Only)

Date Received _____ Reviewed by _____ Date _____

Business Manager's Signature _____ Date _____

(District administration reserves the right to approve or disapprove all reimbursement requests.)