

Heard County School System
Jerry Prince, Superintendent of Schools
131 East Court Square, P O Box 1330
Franklin, GA 30217
706-675-3320

GACE REIMBURSEMENT

NAME:

TEST TAKEN:

GRADE EARNED *:

DATE TEST COMPLETED:

AMOUNT OF REIMBURSEMENT **: _____

I agree to repay the Heard County School System this full amount if I should leave the employment of the Heard County School System within 3 years of this date. This repayment applies regardless of whether my separation is voluntary or involuntary.

Signature

Date

* Please attach a copy of test grade sheet. Reimbursement will only be made for a passing score.
** Please attach a copy of registration cost receipt.