

## Reimbursement Request for Regular Education Tuition Paid For State-Placed Students

**All sections MUST be completed or claim will be returned without being processed.**

**2009 – 2010**

Do not change year as finance codes are DIRECTLY related to the school year.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Grade Level \_\_\_\_\_ State ID Number \_\_\_\_\_

Agency placing student \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(DCF, Mental Health, Casey, etc.)

Agency Case Manager's name \_\_\_\_\_

Town that paid tuition \_\_\_\_\_ Supervisory Union \_\_\_\_\_

Tuition paid to \_\_\_\_\_  
(school name)

Tuition beginning date: \_\_\_\_\_ Tuition ending date \_\_\_\_\_  
(first day of school session or student's first day enrolled) (last day of school session or student's last day enrolled)

**Amount of tuition paid for this student for this period** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent Date

**Please Attach & Check:**

- Tuition Bill Attached
- Proof of Payment Attached

16 V.S.A. §4012 (b) A school district shall request reimbursement under this section by submitting tuition bills and documentation of payment to the commissioner. The commissioner shall make reimbursement twice a year, once for requests submitted prior to January 1 and once for requests submitted prior to May 1. Requests submitted on or following May 1 shall be reimbursed in the next payment.

**Send form to Donna Trucksess at DOE**

Use separate form for each student

For Department Use Only		
<b>Dates Info Received:</b>	Meets SPS Guidelines Y N	<b>Manager Approval</b>
Request::		
Tuition Bill:	<b>Finance Code:</b>	
Payment:	<b>Review Completed:</b>	
	0001 20205-5100050000-51193010 3460- -10-00	