

# *Bogalusa City Schools*

## TUITION/PRACTICE ASSISTANCE FORM

1705 Sullivan Drive  
Bogalusa, Louisiana 70427

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Federal Programs Supervisor  
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**Section 1 Employee Information**

To be completed by applicant (Print or Type)

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Name of College/University: \_\_\_\_\_

Name: \_\_\_\_\_  
                     Last                                      First                                      Middle/Maiden                                      Employee ID Number

Home Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_ School Telephone Number \_\_\_\_\_

Teacher Certification Type and Number \_\_\_\_\_ Area(s) of Certification \_\_\_\_\_ School Assignment \_\_\_\_\_

**Section 2 Courses Requested: The Department, Course #, and Course Title must be provided by the applicant**

DEPARTMENT COURSE #	COURSE TITLE	Credit Hours	Approved/Denied By School System

**Estimate of Tuition Costs: This information must be provided by the applicant.**

<b>Tuition</b>		\$
<b>Praxis</b>		\$
<b>(All other fees must be paid by the participant)</b>		
<b>Total</b>		\$

**Section 3 Transcript Requirement:**

District will reimburse you for tuition expenses only when you submit official documentation, i.e., original grade reports, receipts, or online transcript (no photocopies or faxes). You must successfully complete approved courses as evidenced by a grade of A, B, C or Pass for a Pass/Fail course.

**Section 4 Repayment Upon Early Resignation**

I will repay District 100% of all reimbursed tuition/fees if I voluntarily resign within one year after completing the course/test, and 50% of such costs if I voluntarily resign after one year has lapsed, but within two years after completing the course/test. I hereby agree to pay any and all balances due at that time to the District in full upon demand. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize the District to deduct from my wages any amount owed by me to District under this agreement. Upon referral of this debt by District to an attorney, I further agree to pay attorney's fees in addition to the balance I owe.

**(Please read the statement below carefully before signing)**

I give permission for all concerned in the implementation of funding to release information as required. I also have read and understand the process and procedures of this application process.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor of Federal Programs Signature \_\_\_\_\_ Date \_\_\_\_\_