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**TLC POLICY /DEADLINES**

- TLC will reimburse the parent/guardian for payment of **tuition only**. **Excludes membership, entrance, material or other fees.**
- The student must remain in good standing with The Learning Choice Academy.
- If the student does not attend the class, it is the parent's responsibility to notify the school immediately.
- Reimbursement form must be submitted to TLC before or within the month the class is held.
- Payment by TLC does **not** in any way endorse an agency; TLC is **not** liable for student safety while attending.

Reimbursement form must be submitted to TLC Academy before or within the month the class is held.

- Last day to submit form with receipt is **June 11, 2010**.
- Class must be held before last day of school, June 11, 2010.

**TLC PARENT/STUDENT INFORMATION**

Parent Name	Student Name
Residential Address	
City	Zip code
Phone	E-mail

**TYPE OF ORGANIZATION**

Check ONLY one of the organizations provided:	<input type="checkbox"/>	AYSO	<input type="checkbox"/>	County/City Museum
	<input type="checkbox"/>	Public Recreation Dept	<input type="checkbox"/>	YMCA/Boys & Girls Club
	<input type="checkbox"/>	Junior Theatre/CYT/CCT	<input type="checkbox"/>	Zoo/Wild Animal Park
	<input type="checkbox"/>	Little League	<input type="checkbox"/>	Community College (non-core)

NOTE: If the class is not one of these organizations, it does not qualify for reimbursement. A Request for Payment form must be filled out.

**AGENCY/ CLASS INFORMATION**

**An original receipt must be attached with agency letterhead or stamp, name of student, name of class, class dates and amount paid.**

Specific Name of Agency (Example: <u>Cuyamaca</u> YMCA)			
Agency Address			
City	Zip code		
Agency Phone ( <b>Required</b> )	Agency E-mail		
Class Name:	Class Date:		
<table border="1"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table>			

Total Tuition Cost: \$ \_\_\_\_\_

I understand and have read the reimbursement policies on this form and agree to comply.	
Parent Signature	Date

**For Office Use ONLY:**

IA Initials	Date Received	Date Reviewed	Initials
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FMP #	Amount		

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