

Reimbursement Form



4215 Spring St., Suite 321, La Mesa, CA, 91941
Email: extendedunits@learningchoice.org
Fax: (619) 463-0052

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.**
- TLC may make payment up to thirty (30) days after the class has been completed.
- 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 14, 2012**.
- Class must be held before last day of school, June 14, 2012.

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.

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 (Required)	Agency E-mail	
<u>Class Name:</u>	<u>Class Starts:</u>	<u>Class Ends:</u>
	(Month)	(Month)

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
	\$		
FMP #	Amount		