

# DARLINGTON COUNTY SCHOOL DISTRICT PRAXIS/COURSE REIMBURSEMENT REQUEST FORM

<b>Name</b>			
<b>School</b>		<b>Current Teaching Area</b>	
<b>SS#</b>		<b>Certificate/License #</b>	
<b>DCSD Vendor Number</b>			
<b>I am requesting this reimbursement to become certified in the area of:</b>			

**This reimbursement will be offered as long as Title funding is available.**

**PRAXIS INFORMATION (attach copy of Praxis scores):**

<b>Test Date</b>		<b>(Test Area(s))</b>	
<b>Amount of Reimbursement Requested</b>			

**COURSE INFORMATION (attach official transcript):**

<b>Title of Course</b>		<b>University</b>	
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<b>Amount of Reimbursement Requested</b>			

**Please attach the following documentation:**

1. Copy of required passing PRAXIS score(s)  
and/or  
Official Transcript for required course
2. Copy of SDE worksheet
3. Original receipt with zero balance/canceled check

<b>Teacher's Signature</b>	
<b>Date</b>	

*Return this completed form to Lisa Bruce, Human Resources Office*

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(For District Office Only)

**Approved by:** \_\_\_\_\_  
(Director of Title I/Date)

**Approved by:** \_\_\_\_\_  
(Assistant Superintendent for C I&A/Date)

**Approved by:** \_\_\_\_\_  
(Director of Human Resources/Date)

**Amount Due:** \_\_\_\_\_ **District Vendor #** \_\_\_\_\_

**Acct #:** \_\_\_\_\_