SCOTT COUNTY SCHOOLS PRE-APPROVAL FORM FOR TUITION

NAME:		SCHOOL:
ADDRESS:		JOB ASSIGNMENT:
REASON COU	RSE IS BEING TAKEN (Check all that a	oply):
То Вес	come Highly Qualified	Superintendent's Request
Request for Additional Certification		Recertification (No pre-approval required)
Other	, Please Specify	
DATE	COURSE(S) TO BE TAKEN	COST OF COURSE
	TOTAL	COST
cancelled check reimbursement. If money is avait to become high	ck and/or receipt from college. Person nt. Books and other fees are not reim ailable, other classes and fees will be o	considered for reimbursement. For instance, courses e employee has been asked to get an additional
	mbursement for a course is \$500.00	
Signature of Employee		 Date
Signature of S	uperintendent	 Date