

TERREBONNE

Parish School District

APPLICATION FOR REIMBURSEMENT OF PRAXIS® FEES

PLEASE COMPLETE THIS APPLICATION AND INCLUDE IT WITH A COPY OF YOUR TEST RESULTS, PRAXIS® APPLICATION, AND PROOF OF PAYMENT.

NAME _____ DATE _____
SOCIAL SECURITY NO. _____ SCHOOL: _____
ADDRESS _____ POSITION: _____
CITY _____, ST _____ ZIP _____

PHONE _____ WORK PHONE _____

PARTICIPANT CATEGORY:

- INITIAL CERTIFICATION
- OFAT CERTIFICATION
- ADD-ON CERTIFICATION
- SEEKING "HIGHLY QUALIFIED" STATUS

LIST TEST(S) TAKEN (INCLUDE TEST NUMBER)

TEST NAME _____	TEST NUMBER _____
TEST NAME _____	TEST NUMBER _____
TEST NAME _____	TEST NUMBER _____
TEST NAME _____	TEST NUMBER _____
TEST NAME _____	TEST NUMBER _____

AMOUNT PAID TO ETS (EXCLUDE LATE FEES):

\$ _____

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING:

I UNDERSTAND THAT I SHALL NOT BE REIMBURSED FOR ANY PRAXIS® FEES SHOULD I FAIL TO TAKE A TEST WHICH I AM REGISTERED TO TAKE. I FURTHER UNDERSTAND THAT IF I RESIGN PRIOR TO TAKING THE TEST OR PRIOR TO BEING REIMBURSED, THAT I WILL NOT BE ELIGIBLE FOR A REIMBURSEMENT.

APPLICANT'S SIGNATURE

PRINCIPAL/SUPERVISOR'S SIGNATURE

COMPLETED FORM SHOULD BE RETURNED VIA USPS TO:

TERREBONNE PARISH SCHOOL DISTRICT
DR. DEBRA YARBROUGH, PERSONNEL SUPERVISOR
PRAXIS® REIMBURSEMENT
201 STADIUM DRIVE
HOUMA, LA 70360

OR

VIA SCHOOL MAIL TO:

DR. DEBRA YARBROUGH
CENTRAL OFFICE
PRAXIS® REIMBURSEMENT