

SCHOOL DISTRICT: TUITION REIMBURSEMENT
OUT-OF-STATE HOMELESS CHILDREN AND YOUTH

DATE PREPARED (00/00/0000)	COUNTY CODE	DISTRICT CODE	DISTRICT NAME	#	FIRST NAME OF STUDENT	LAST NAME OF STUDENT	CURRENT ADDRESS (FULL MAILING ADDRESS)	STUDENT DOB (00/00/0000)	GRADE LEVEL	SPECIAL ED? (YES OR NO)	IF REGULAR ED, SPEECH ONLY? (YES OR NO)	THE SCHOOL THE STUDENT ATTENDED IN DISTRICT	LAST KNOWN PERMANENT ADDRESS (CITY & STATE/COUNTRY)	DAYS ON REGISTER	STUDENT START DATE (00/00/0000)	STUDENT FINISH DATE (00/00/0000)
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				TOTALS ON THIS PAGE:												
				>	0 STUDENTS											

INSTRUCTIONS

PLEASE FILL OUT THE FORM COMPLETELY. DO NOT ADD OR SUBTRACT COLUMNS OR ROWS.

IF MORE THAN 25 STUDENTS ARE REPORTED, CREATE AN ADDITIONAL SPREADSHEET AND NUMBER ACCORDINGLY.

IF LESS THAN 25 STUDENTS ARE REPORTED, LEAVE UNUSED ROWS BLANK.

ONCE COMPLETE, SAVE A COPY OF THE SPREADSHEET FOR DISTRICT FILES AND EMAIL THE DOCUMENT TO: srhcy@doe.state.nj.us

PLEASE ENSURE THAT THE INDIVIDUAL EMAILING THE REQUEST IS ABLE TO ENSURE THE ACCURACY OF THE INFORMATION PROVIDED.

FAXES WILL NOT BE ACCEPTED!

ALL REQUESTS ARE TO BE SUBMITTED **NO LATER THAN THURSDAY, JUNE 30, 2011.**

SHOULD YOU HAVE QUESTIONS OR REQUIRE ASSISTANCE, PLEASE CONTACT DANIELLE ANDERSON THOMAS, EDUCATION FOR HOMELESS CHILDREN AND YOUTH COORDINATOR, AT 609 984-4974.

