SCHOOL/GRADUATION REIMBURSEMENT REQUEST FORM

Foster Family: _____

Address: _____

Foster Child: _____

Social Worker: _____

School: _____ Grade: _____

We have paid for the following school fees:	**Cost**

We have incurred the following graduation expenses:	**Cost**
☐ Class ring	
☐ Pictures	
☐ Cap & gown	
☐ Prom apparel	

NOTE: Agency may reimburse graduation expenses up to $1,000. Agency will reimburse for general school fees and/or lab books purchased. Requests must be submitted no later than thirty (30) days after the expenses was incurred.

WE HAVE ATTACHED RECEIPTS FOR THESE EXPENSES. (Receipts may be canceled checks or receipts from the service providers.)

_____
Foster Parent Signature Date

CONFIRMED:

_____
Social Worker Date

APPROVED:

_____
Assistant Administrator Date