

UNITED SCHOOL DISTRICT

ADMINISTRATIVE
REGULATION

Updated 8/22/13

141-AR. UNITED CYBER ACADEMY
STUDENT INTERNET SERVICE REIMBURSEMENT FORM

Parent/Guardian Name: _____
(As it should appear on check)

Name and student ID for which this reimbursement is being requested. Families with multiple students enrolled are only eligible for one reimbursement:

First _____ Last _____ Student ID# _____

Address: _____

Phone: _____

Circle One:

Type of Service: Cable DSL FIOS Dialup Mobile Broadband Satellite

Service Provider Name: _____

Circle all months that correspond to your receipts then fill in the dollar amount for each month in the box below it for internet service ONLY

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July

INSTRUCTIONS: Each family may apply for Internet service reimbursement up to an amount not greater than \$40.00 per month of service, unless proof can be shown that the only available service in their area is greater than \$40.00 per month. FORMS MUST BE SUMMITTED WITHIN 90 DAYS OF THE SCHOOL YEAR, AND FOR AT LEAST THREE MONTHS OF SERVICE.

All receipts MUST be attached and clearly show the name and address where service is provided, the month of service (BILLING PERIOD), and the detailed cost for the service (not summary or bundled cost). Please highlight or mark the line item that shows the Internet charge from the DETAIL SUMMARY PAGE OF THE STATEMENT. Any missing information will be cause to deny your reimbursement. Name to appear on check must be Parent/Guardian.

Please mark envelopes: "Internet Reimbursement" and send to:

United School District
ATTN: Director of Finance
10780 Rte. 56 Hwy E.
Armagh, PA 15920

Instructional Supervisor Signature: _____ Date: _____

Instructional Supervisor Printed Name: _____