



North East Independent School District

Family Support Services • 3736 Perrin Central, Bldg. 1 • San Antonio, Texas 78217

School-Age Parenting
Ofc. (210) 407-0750
Fax (210) 653-1160

SCHOOL-AGE PARENTING PROGRAM TUITION ASSISTANCE REQUEST

LAST NAME	FIRST NAME	GRADE	ID #	SCHOOL

ELIGIBILITY GUIDELINES:

1. Enrolled in the School-Age Parenting Program
2. Permission from School Counselor
3. Have a plan of a four-year coherent sequence of courses

I understand that in order to receive tuition assistance from the School-Age Parenting Program, I may not acquire more than one absence and must be progressing satisfactorily in my school classes. I further understand that if I withdraw, am withdrawn, or fail enrolled course(s), I will pay back the cost of tuition and fees.

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

PRESENT COURSE SCHEDULE:

Course:	Grade:		Absences:		Teacher:
	Fall	Spring	Fall	Spring	

TUITION ASSISTANCE REQUESTED FOR THE FOLLOWING:

Course(s):		Location:	Session:	Session:	Fees:
Course# w/Letter:	Course Name:		1 st Sem., 2 nd Sem., or Both	A.M. or P.M.	
				Registration:	
				Transportation:	
				Total:	

COUNSELOR'S SIGNATURE

DATE

Free/Reduced Lunch: ☐ YES ☐ NO

Transportation: ☐ Yes ☐ No
☐ AM ☐ PM ☐ Both

FOR OFFICE USE ONLY:

____ APPROVED FOR:

____ CREDIT BY EXAM
____ SUMMER SCHOOL

____ EVENING HIGH SCHOOL
____ CORRESPONDENCE

____ DISAPPROVED FOR THE FOLLOWING REASON: _____

Signature of School-Age Parenting Program Director

Date