

Mount Vernon Community School District
Driver's Education Fee Reimbursement

For Families Qualifying for Free or Reduced Priced School Meals

Mount Vernon Student Name _____

Grade _____ DOB _____

Parent Name _____

Parent Mailing Address _____

Parent City, State, and Zip Code Address _____

Name of Driver's Education Company _____

Phone Number of Driver's Education Company _____

Driver's Education Fee paid for this student _____

Is this the first time this student has taken Driver's Education? (circle one) Yes No

Parent's signature _____ Date _____

- 1) *The School District will only reimburse the parent OR company once for driver's education for each student.*
- 2) *Return this completed form to: Mount Vernon High School, 731 Palisades Road SW, Mount Vernon, IA 52314 319-895-8843*
- 3) *Attach a copy of the payment receipt from the driver's education company.*

Area below will be completed by the high school office

Student qualifies for: free meals _____ reduced price meals _____

Amount to be reimbursed: _____

Reimbursement is to be made to (circle one): Parent Company

Principal's signature _____ Date _____

One copy of this form will be kept on file permanently at the high school building.

High school office personnel: If reimbursement to parent is being requested, attach the original of this form to a purchase order referencing account number 10 0109 1100 121 0000 611.