

***Amesbury Public Schools***  
**Para-Professional Course Request Form 11-12**

Name (Please print) \_\_\_\_\_

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_

**Before taking any course, IT MUST BE approved by building principal, curriculum director, and business manager . Reimbursement is dependent upon availability of funds.**

I will request reimbursement following completion of this course and will present an official transcript showing a grade of "B" or better with evidence of payment (receipt, credit card receipt or cancelled check). \_\_\_\_\_ (Please initial).

This will be my 1<sup>st</sup> 2<sup>nd</sup> request for reimbursement (circle one)

Semester & Course, Name, Description	Number College/University	Professor (If known)	of Credits
_____	_____	_____	_____

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**Please list the relationship to District-Wide Plan (Objectives and/or Strategies), and/or School Improvement Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Para-Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Purchase Order #** \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Building Principal \_\_\_\_\_ Date: \_\_\_\_\_

Provisional approval is given subject to confirmation that college, graduate credits are given by an accredited college/university. At the conclusion of the course, documentation by official college transcript must be presented to the Central Office

\_\_\_\_\_  
Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Business Manager \_\_\_\_\_ Date \_\_\_\_\_