

Post-Secondary Enrollment Options  
Reimbursement or Free / Reduced Lunch Status

**TO BE COMPLETED BY PARENT/GUARDIAN:**

Please complete Section 1. The information in Section 2 and Section 3 is used for the processing of payments to the appropriate parties. This information is kept confidential.

**Section 1: (Must be filled in)**

Date: \_\_\_\_\_

Term: Spring    Fall                      Year: \_\_\_\_\_  
                    Circle one

Name of Student: \_\_\_\_\_                      SSAN: \_\_\_\_\_

School: Options School    School ID: \_\_\_\_\_                      Birth date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Section 2: (To be completed if your son or daughter does not receive free or reduced lunch.)**

Upon receipt of evidence of successful completion of the approved course(s), a check for tuition reimbursement will be made payable to the person named below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ (required)

**Section 3:**

My son or daughter is eligible for free or reduced lunch.    Yes \_\_\_\_\_    No \_\_\_\_\_

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