



PARAPROFESSIONAL APPLICATION FOR TUITION EXEMPTION
EAST BATON ROUGE PARISH SCHOOL SYSTEM

Name of College/Technical Institute _____
 _____ Semester Date _____

I. SECTION I - TO BE COMPLETED BY APPLICANT (Type or Print)

Last	First	Middle/Maiden	Social Security Number

Home Address	Home Telephone Number	
City	State	Zip Code

Position	School	School Telephone Number

DEPARTMENT, COURSE #, AND COURSE TITLE REQUESTED: (Must be provided by applicant)
 Example: EDCI #441 Methods of Teaching Kindergarten Children

DEPARTMENT	COURSE #	COURSE TITLE
1) _____	_____	_____
2) _____	_____	_____

I certify that I am enrolling for a maximum of six semester hours per semester in a higher education program to prepare myself as an instructional paraprofessional. I understand that I will become ineligible for continued participation in this program if the pursued coursework is not successfully completed. I agree to submit grade sheets within three (3) weeks of course completion.

 Applicant's Signature Date

II. SECTION II - TO BE COMPLETED BY THE PRINCIPAL

I certify that the applicant is employed on a full-time basis and is assigned to one or more specific teachers (or schools) to assist with classroom instruction at _____ School.

 Principal's Signature Date

III. SECTION III - TO BE COMPLETED BY DEPARTMENT THAT IS FUNDING TUITION

Action: Approved _____ Denied _____ (Reason for denial attached) Date _____
 Official's Signature: _____ Account # _____