

# NORTH PANOLA SCHOOL DISTRICT

*"Leadership • Collaboration • Innovation"*

**Chad Spence, Superintendent**



## ***NPSD Board Policy DJDF Reimbursement of Tuition and Fees***

The North Panola School District is dedicated to providing its students with a competent, well-trained instructional staff. In an effort to reach that goal, the District will reimburse staff members through its federal funding streams for expenses associated with testing, course credits, and/or specialized programs (i.e., Mississippi Alternate Path to Quality Teachers, Teach Mississippi Institute) toward obtaining teacher licensure or subject-area certification.

The employee must make the request known and obtain prior approval from the principal and Federal Programs Director in writing. Application for coursework reimbursement, Praxis testing reimbursement, and program reimbursement will be submitted prior to enrollment. Approval will be on a first-come, first-serve based on the availability of funds.

These expenses are limited to program fees, tuition, and assessment fees, and are reimbursable only after the employee has submitted documentation of out-of-pocket expenses/costs incurred and satisfactory completion of program requirements or coursework with a final grade of C or better. Verification will be conducted once applications and documentation are received.

In return for the district's commitment to a highly trained staff, the employee agrees to commit to work for the North Panola School District for three years following the reimbursement period. If the employee leaves the district of his or her volition prior to fulfillment of this commitment, he or she agrees to reimburse the district for the coursework paid through the reimbursement period program.

### **AGREEMENT**

I, \_\_\_\_\_ (printed employee's name), have been informed of the policy regarding NPSD Board Policy DJDF, and I agree to the conditions outlined therein. It is my understanding that a copy of this agreement is to be placed in my personnel file for future reference.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Federal Programs Director's name: \_\_\_\_\_

Federal Programs Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Vision: Ensuring success is our number one priority.*