

Advanced Payment Application

VOUCHER NO.

N<sup>o</sup>

Hartford School District

To: \_\_\_\_\_  
Educational Institution \_\_\_\_\_ Date \_\_\_\_\_

Subject: Authorization for School District Tuition Payment

This is to certify that the Hartford School District assumes responsibility for the \_\_\_ full or \_\_\_ partial tuition costs for the following teacher and course:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Course Number/Title: \_\_\_\_\_

Credits: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ Amount School District will pay: \$ \_\_\_\_\_

Costs other than credit-hour tuition (e.g. books and supplies) will be the responsibility of the student named above.

Payment will be processed upon receipt of invoice. Invoices should be submitted to the following address:

Hartford School District  
Superintendent of Schools  
73 Highland Avenue  
White River Junction, VT 05001

\_\_\_\_\_  
Superintendent of Schools \_\_\_\_\_ Date \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Agreement for Advanced Payment of Approved College Course**

I, \_\_\_\_\_ (print your name), agree to submit an official grade report to the Local Standards Board, within sixty (60) days upon completion of the course. Furthermore, I understand and agree that if I do not complete the above course with a grade of "B" or better, the Hartford School District may recover the advance tuition payment by withholding that same amount from my paycheck. I understand that I may request the District to deduct over no more than five (5) payroll periods the amount to be recovered.

\_\_\_\_\_  
Teacher \_\_\_\_\_ Date \_\_\_\_\_