

EDUCATIONAL TUITION AGREEMENT

(Use with contract courses only)

EMPLOYER: Newport News Public Schools

ADDRESS: 12507 Warwick Boulevard
Newport News, VA 23606-3041

EMPLOYEE'S NAME: _____

EMPLOYEE'S ID NO. _____

EMPLOYEE'S ADDRESS _____

City _____ State _____ Zip _____

Please indicate the course, course number, and credit hour(s) for which payment is authorized.

COURSE INFORMATION:

Course No: _____ Title: _____

Credit Hours: 3 Dates: _____

- I understand that I am not eligible to take this course if I have not passed VCLA or equivalent.
- I hereby authorize the sponsoring college to release grade information to the Newport News Public Schools.
- I understand that I shall reimburse the school division for the tuition if I do not successfully complete this course by the end of the course period.

Although this Tuition Agreement sets forth new procedures, I understand that I do not qualify for this contract course until I have submitted and received approval for tuition reimbursement.

Signed _____

Date _____

Home School _____

----- OFFICE USE ONLY -----

Authorized signature of official empowered to obligate the company/agency, listed above, for stated tuition set out below.

Amount of tuition to
be paid by employer:

Deborah Richardson, Coordinator, Human Resources

Date: _____