

**SEDALIA SCHOOL DISTRICT #200
APPLICATION OF INTENT FOR TITLE II REIMBURSEMENT**

Name: _____ Date: _____

Current Certification: _____

Current Assignment for which the following exam is being taken: _____

Location: HH HM PKV SKY WSH SMS SCJH SCHS COOP WHIT

List the Praxis exam(s) you plan to take and the date(s) to be taken: **Anticipated Cost:**

20__ 20__	
20__ 20__	
20__ 20__	
20__ 20__	
20__ 20__	
20__ 20__	

Total Anticipated Cost _____

Central Office Only

Verification of Documentation _____ **Total Cost of Exam(s)** _____

Code #

PDC Chair Payment Approval/Date

Central Office Approval/Date