



**2009-2010**

**Request for SAT or ACT Reimbursement**

Please refund for:  \$45 for the SAT  \$47 for ACT

Payable to Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, Texas Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Student ID: \_\_\_\_\_

***Check one box only and enter the date of the test and attach a copy of the Score Report:***

**SAT**  Date Tested: \_\_\_\_\_ **ACT**  Date Tested \_\_\_\_\_

***I understand that TISD reimburses for either one SAT Reasoning Test or one ACT Plus Writing Test per enrolled students. I certify that I have not been reimbursed for a previous SAT or ACT test administration or used a waiver for testing.***

Parent/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only:***

Payment Page Verified: \_\_\_\_\_

Waiver Status Verified: YES  NO  SAT/ACT Score Verified: YES  NO