



Dual Enrollment
Textbook Reimbursement
Request/Receipt

Date: _____

Student: _____

Total Reimbursement: _____

Check should be made payable to: (Parent/Guardian name) _____

*Mailing Address: _____

I understand and accept the terms of this reimbursement. The books/materials for which this reimbursement is made must be turned in to Legacy Charter High School at the end of the semester. All books/materials must be in good condition. If the books/materials are not in good condition, I accept full financial responsibility for returning the reimbursement I received and will pay Legacy Charter High School for the full cost of the damaged books/materials.

Signature: _____

Printed Name: _____

Date: _____