INTERNET REIMBURSEMENT FORM

Student ID #: __________________________ Today’s Date: __________________________

Student’s Full Name: __________________________________________

Name on Invoice: __________________________________________
(This person will receive the reimbursement amount and must match the name on the attached ISP invoice.)

Signature: __________________________________________

Address: __________________________________________

________________________________________

Home Phone #: __________________________

Which reimbursement period are you requesting (circle one):

Period 1 (Due to the office by January 15th) Period 2 (Due to the office by June 15th)

Important Guidelines

• Please attach a bill from December (Period 1) or June (Period 2) that indicates your account is paid in full.
• Please verify that the appropriate invoice is attached based on the guidelines in the Internet Reimbursement Policy.
• Reimbursement requests will be declined if requests are made past the deadline, or as outlined in the Internet Reimbursement Policy.
• Reimbursement will be made to the name and address that appear on the invoice submitted. Exceptions to this procedure will require written authorization from the 21CCCS Student Support Manager.
• Reimbursement will only be made during the school year. 21CCCS does not reimburse for internet service over the summer months.

Send the completed form and attachments to the following address:

21st Century Cyber Charter School
1245 Wrights Lane
West Chester, PA 19380

Fax: 610-873-4534