Parent Partnership Reimbursement Request

***Receipts must be attached to this form.***

***Email to Tanya Haselhuhn (******thaselhuhn@shamrocks.us******)
or mail to: BSPS, attn: Sharon Haynes, 285 Sylvester Ave.,*** ***P.O. Box 130, Berrien Springs, MI 49103***

**Circle One:** Semester: Fall 2016 (Sept. – Jan.) -submit by Nov. 30
 Spring 2017 (Jan. – June 9 ) – submit by April 15

**Student(s)’ names:**

**Reimbursement for:** \_\_\_college textbooks \_\_\_\_ community class

**College or Community Class(es) name and location:**

**Please send reimbursement to (name & address):**

**Total Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_**