ROBBINSDALE AREA SCHOOLS REQUEST FOR REIMBURSEMENT FOR HOME SCHOOL TEXT MATERIALS **2023/2024 SCHOOL YEAR**

Student Name	Grade	
Parent Name		
Address		
City/State/Zip	Telephone	
The following student text materials or testi son/daughter: (Original Receipts dated be		
TEXT MATERIALS	PUBLISHER	COST
	TOTA	L
I certify that this material has been purchase reimbursement from Robbinsdale Area Scho 3540, 123.931 – 123.947.	ools in the amount of as provide	son/daughter. I request ed in MN Statutes Chapter
Signature(s)		te
For 2023/2024, the maximum amount of rei	imbursement is \$95.69; half-day K is \$47.8.	5; full/every day K is \$95.69
This form must be submitted on or prior to	o May 15, 2024.	
(Do not use this form if you checked NON Students, ED-01650-32.) Please return this form, along with your original statements.	_	-
Homeschool Liaison Robbinsdale Area Schools		

4148 Winnetka Avenue North New Hope, MN 55427