

Myrtle Point School District 41

Code: **IGBHE-AR(2)**
 Revised/Reviewed: 4/12/10

Expanded Options Program

School Year: _____

Student: _____

Term/Year: / _____

Anticipated Course Enrollment

Meeting Date: _____

Student			Counselor			
Course Number	Course name	Credits	Eligible/ Approved (Y/N)	Enrolled (Y/N)	Credit Earned (Y/N)	Initial

Textbook Reimbursement

Student			Library			Fiscal	
Course Number	Textbook Name	Price	Book Available (Y/N)	Date Book Returned	Initial	Date Reimbursed	Check Number

Fiscal		
Amount	Account	Initial
	100-1280-420-616-000	

Make reimbursement payable to:

Name: _____
 Address: _____
 State: _____

Phone: _____
 City: _____
 Zip: _____