



6539 Summit Road  
Pataskala, Ohio 43062  
(740) 927.6926  
[www.LHSchools.org](http://www.LHSchools.org)

### Licking Heights Local School District College Course Reimbursement Request

Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

College Program \_\_\_\_\_

Specific Course Taken \_\_\_\_\_

Hours of Credit \_\_\_\_\_

Semester

Quarter

Completion Date \_\_\_\_\_

Statement of relationship to IDPD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Per Article XXX. H., "The Treasurer shall make payment in the second pay in July, immediately after the end of the school year (July1 – June 30)."

-----

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Amount Due \_\_\_\_\_

Payment of Receipt Received \_\_\_\_\_

Completion Proof Received \_\_\_\_\_