

Ashford School

**Intent Form
(Tuition Reimbursement Document #1)
Due by the last day of school in June prior to taking classes**

Name: _____ Date: _____

Course Title(s): _____
(If Available) _____

Brief Description: _____

Number of Anticipated Credits: _____

Estimated Cost: _____

Institution Where Course(s) Will Be Taken: _____

Anticipated Dates of Coursework: _____

Signature: _____

Approval by Superintendent:

Superintendent's Signature

Date