

Pynt # 0010029949
09/08/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 25-26-1	08/28/2026	1602.00 10-2271-240-000-10-200-000-000-0000	LIFESPAN DEVELOPMENT
TUITION 25-26-2	08/28/2026	1602.00 10-2271-240-000-10-200-000-000-0000	RESEARCH IN EDUCATIONAL PSYCHO
TUITION 25-26-3	08/28/2026	1602.00 10-2271-240-000-10-200-000-000-0000	TRAUMA-INFORMED CARE IN SCHOOL
Payment Amount:		4806.00	* Accrued A/P

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Payment Amount:		4806.00	* Accrued A/P

0010029949

09/08/2026

*****4,806.00

PAY Four Thousand Eight Hundred Six and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235
(610) 377-4490 www.lehigh.org

3

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

PAID

AUG 31 2026

FOR: Tuition Reimbursement

2025-2026

Total:	\$1602
Semester Hours:	3
College/University:	PA Western University
Name of Course:	Lifespan Development
Grade:	A
Acct Code:	EC Teacher 10-2271-240-000-10-200-017

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehighton.org

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

PAID

AUG 31 2026

2025-2026

Total:	\$1602
Semester Hours:	3
College/University:	PA Western University
Name of Course:	Research in Educational Psychology I
Grade:	A
Acct Code:	EC Teacher 10-2271-240-000-10-200-018

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235
(610) 377-4490 www.lehigh.org

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

PAID

2025-2026

AUG 31 2026

Total:	\$1602
Semester Hours:	3
College/University:	PA Western University
Name of Course:	Trauma-Informed Care in Schools
Grade:	A
Acct Code:	EC Teacher 10-2271-240-000-10-200-019

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name: _____ Building: EC School Year: 2025-2026

Course Information

☐ Proof of prior approval for this course is attached.

Course #	Title of Course	College/ University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
7713	Lifespan Development	Pennsylvania Western Univeristy	3	A	\$577.00	1602.00
7788	Research in Educational Psychology I	Pennsylvania Western Univeristy	3	A	\$577.00	1602.00
7715	Trauma-Informed Care in Schools	Pennsylvania Western University	3	A	\$577.00	1602.00

Additional Information

PAID

AUG 31 2026

- ☒ Copy of proof of payment attached [Check or charge receipt is not acceptable]
 - ☒ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8/19/2026 Employee Signat

FOR DAO USE

Grade A 100 % of \$ 1682 =

\$ 1602

Grade A 100 % of \$1.82 =

\$ 1602

Grade A 100 % of \$ 1602 =

\$1602

Grade of "A" = 100%

Grade of "B" = 100%

Grade of "C" = 70%

Grade Below "C" = 00%

Pass/Fail = 100%
for Pass

TOTAL TO BE PAID

\$ 4806

Date: 8/25/26

Superintendent's Signature: _____

Print

1943

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Music Teacher Building: Elementary Center

Present Degree/Step Level: ☒ Bachelors ☐ Earned Masters ☐ M+15 ☐ M+30 ☐ M+45
☒ Level I ☐ Level II

Name of Activity/Course: Trauma -Informed Care in Schools

Date(s): From: 05/11/2026 To: 06/22/2026

Activity/Course given by: Pennsylvania Western Univeristy

Location: Pennsylvania Western Univeristy Online

School Year: 2025-2026 Cost (Tuition Only): \$ \$1,602.00

Program of Studies: Educational Psychology

Employee's Signature: X [REDACTED] Date: 05/11/2026

PAID

AUG 31 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: X [REDACTED] Date: 5/27/26

Date of Board Approval: APPROVED MAY 26 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

1543

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Music Teacher Building: Elementary Center

Present Degree/Step Level: ☒ Bachelors ☐ Earned Masters ☐ M+15 ☐ M+30 ☐ M+45
☒ Level I ☐ Level II

Name of Activity/Course: Research in Education and Psychology 1

Date(s): From: 05/11/2026 To: 06/22/2026

Activity/Course given by: Pennsylvania Western Univeristy

Location: Pennsylvania Western Univeristy Online **PAID**

School Year: 2025-2026 Cost (Tuition Only): \$ \$1,602.00 AUG 31 2026

Program of Studies: Educational Psychology

Employee's Signature: X [REDACTED] Date: 05/11/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

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- 2) Receipt of payment from college or university

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Superintendent's Signature: X [Signature] Date: 5/27/26

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1943

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Music Teacher Building: Elementary Center

Present Degree/Step Level: ☒ Bachelors ☐ Earned Masters ☐ M+15 ☐ M+30 ☐ M+45
☒ Level I ☐ Level II

Name of Activity/Course: Lifespan Development

Date(s): From: 05/11/2026 To: 06/22/2026

Activity/Course given by: Pennsylvania Western Univeristy **PAID**

Location: Pennsylvania Western University Online **AUG 31 2026**

School Year: 2025-2026 Cost (Tuition Only): \$ \$1,602.00

Program of Studies: Educational Psychology

Employee's Signature: X [REDACTED] Date: 05/11/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

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