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Chief Human Resources Officer

JENNIFER BRUMBACK
Chief Academic Officer

DR. SHERRY REYNOLDS-WHITAKER
Chief School Business Official



BOARD OF EDUCATION

School District 189
1005 State Street ~ East St. Louis, Illinois 62201
Phone: (618) 646-3000
www.estl189.com

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EAST ST. LOUIS SCHOOL DISTRICT #189
TUITION REIMBURSEMENT VOUCHER

Last Name: _____ **First Name:** _____

Current Teaching Assignment Location: _____

Grade Level: ___ PK ___ K-4th ___ 5th -8th ___ 9th -12th

Area of Teaching: _____

Name of Accredited Institution: _____

I certify that the course(s) listed in the prospective area of teaching and will be taken during the ___ Fall ___ Intersession ___ Spring ___ Summer semester of 20_____. I also certify the courses listed are being submitted for approval prior to enrollment.

Course #	Course Title	Sem Hrs	College/University

Signature of Enrollee Date

Signature of Principal/Supervisor Date

***Please Note:** No matter what Accredited Institution of Higher Education you attend; Tuition Reimbursement will be given at the rate of Southern Illinois University at Edwardsville for the year in which course work is taken.

Course(s) reviewed by Human Resources Representative Name _____ Date: _____ Reason: _____	___Approved	___Disapproved
Course(s) reviewed by Human Resources Representative Name _____ Date: _____ Reason: _____	___Approved	___Disapproved

HUMAN RESOURCES DEPARTMENT
Phone: (618)646-3000 Fax: (618)583-8254
HR@estl189.com