



NORTH WARREN REGIONAL SCHOOL

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ADVANCED PLACEMENT TESTING REIMBURSEMENT VOUCHER 2016 TESTING PERIOD

STUDENT NAME _____ GRADE _____
(One student per reimbursement voucher)

NOTE: Only test scores of 3, 4, or 5 will be reimbursed

AP TEST(S) TAKEN	SCORE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requests must be submitted on or before **October 15, 2016** to receive reimbursement.
A copy of the test(s) score(s) **MUST** be attached to this voucher to receive reimbursement.

Name of Parent to be reimbursed: _____
(Please Print)

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Parent Signature: _____

Mail to: North Warren Regional c/o Maren Kuhar, PO Box 410, 10 Noe Road, Blirstown, NJ 07825
(or) Fax to: 908-362-8744 (or) Email to: mkuhar@northwarren.org

For Office Use Only:

Approved: _____ Denied: _____ Date: _____

Amount Reimbursed: _____ Paid: _____ Check#: _____