

**Oxford School Department  
Oxford, Massachusetts**

**Tuition Reimbursement for Course Taken**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Title of Course: \_\_\_\_\_

College Where Course was Taken: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Tuition Cost\*: \_\_\_\_\_

\*Please attach copy of cancelled check, both sides please, or other proof of payment, **AND**  
copy of final course grade.

*(Per O.E.A. contract, payment of up to \$600 will be paid every school year.)*

Date of Last Tuition Reimbursement: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

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