

**THE SCHOOL DISTRICT OF PHILADELPHIA  
OFFICE OF SPECIALIZED SERVICES**

**Compensatory Education  
440 North Broad Street – 3<sup>rd</sup> Floor  
Philadelphia, Pennsylvania 19130**

TELEPHONE (215) 400-4170

FAX (215) 400-4175

**Parent Reimbursement for Compensatory Education CSR**

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

Item Description: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please remit payment to in the amount of \$ \_\_\_\_\_

By signing this document, I acknowledge that the above services have been rendered. I also understand that the School District of Philadelphia agrees that the Compensatory Education agreement are to able utilized as permissible funds for appropriate educational services: vocational training services, therapeutic instruction and programs, tutoring courses and educational institutions. And that if the above services are not within these guidelines, payments for the services may be denied. The amount, duration, and extent in which you may utilize these funds will be outlined in your Compensatory Education Agreement. It is the responsibility of the parent/guardian to keep an accounting of money spent from the funds outlined the Compensatory Education Agreement.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Vendor Number

(For office use only)