

Rome City Schools
Prior Approval Form
Reimbursement for GACE Fees

This form must be completed by the individual and principal, and, then submitted to Dr. Leslie Dixon, Director of School Improvement, prior to any testing date.

Teacher: _____ School: _____ Date: _____

Home Address: _____

1. Certificate Held: _____

2. If you hold Middle Grades Certification list Concentrations: _____

3. Currently Teaching: (List specific subjects and grades):

Subject: _____ Grade: _____

Subject: _____ Grade: _____

Subject: _____ Grade: _____

Subject: _____ Grade: _____

Subject: _____ Grade: _____

4. **THE GACE TEST YOU WISH TO TAKE AND FOR WHICH YOU ARE REQUESTING REIMBURSEMENT FOR THE REGISTRATION FEE:**

Test Title: _____ **Registration Fee:** _____

5. **Principal's Recommendation: (Must be completed, or request will not be processed. Sign on page 2)**

This offer for reimbursement is restricted to those individuals and tests that are necessary for principals to insure that all subjects/grades are taught by individuals who meet the requirements for being professionally-qualified In-Field teachers. Final approval is at the discretion of the Director of School Improvement.

NOTE: An individual planning to take a GACE test and to pay for it on his or her own does not need to submit this form.

Rome City Schools will consider for reimbursement the registration fee for one administration of a particular GACE test. If an individual is seeking reimbursement for the GACE registration fee, it is the individual's responsibility to submit this completed request to Dr. Dixon for approval BEFORE the individual makes arrangements to take a particular test.

Upon receiving an approval, the individual should register for the appropriate test and pay the related fee. (Check the PSC website for information regarding the appropriate test.)

To request reimbursement: After the test has been taken and **within 2 weeks after receiving test results**, the individual should attach to his or her copy of the approved Prior Approval Form, **documentation of payment and completion of the test** (receipt, score report, etc.) and submit these documents to Dr. Dixon along with a RCS Expense Statement for Employees form (record the date of the test in the "Date" column; record the title of the test in the "From, To" column; and record the fee amount in the "Other" column).

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____



Central Office Use

Reimbursement for GACE fee: _____ Approved _____ Denied _____

Signature of Director of School Improvement

Date