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| **New York State Nonpublic School Reimbursement Request Form for Mathematics, Science, and Technology Teachers in** **Religious and Independent Schools 2017-2018** |
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| **School Name:**  |
| **School BEDS Code:**  |
| **School OSC Vendor ID:**  |
| **School Address:**  |
| **Chief Administrator Name:**  |
| **School Telephone:**  |
| **Contact Name (if not Chief Administrator):**  |
| **Contact e-mail:**  |
| **Reimbursement request and name of eligible teacher****(Submit a separate reimbursement form for each eligible teacher.)****A teacher who teaches non-secular instruction in any capacity is not eligible for reimbursement**

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| 2017-18 Teacher Salary | Teacher’s Name  | Applicable Subject(s) Taught  |
| $ |  |  |

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| **Documentary Evidence:** Religious and independent schools must submit documentary evidence with the Reimbursement Request Form for Mathematics, Science, and Technology Teachers in Religious and Independent Schools. **Please check the appropriate box for teacher named above:** |
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| ****  **Certified to teach in NYS pursuant to Section 3004 of Education Law*** Teacher’s NYS Teacher Certificate(s)
* Copy of the School’s current year master schedule
* Copy of the teacher’s schedule for the current school year
* Religious and independent school course descriptions, with evidence that curricula support the New York State learning standards
* Signed employment agreements including yearly salary or other evidence of employment by the religious or independent school
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| ** Holds a Master’s degree or Ph.D. in Mathematics, Science, Technology, or Education*** Official documentation from college or university stating Master’s degree or Ph.D. has been earned in an eligible program
* Copy of the School’s current year master schedule
* Copy of the teacher’s schedule for the current school year
* Religious and independent school course descriptions, with evidence that curricula support the New York State learning standards
* Signed employment agreements including yearly salary or other evidence of employment by the religious or independent school
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| ** Holds a Bachelor’s degree in Mathematics, Science, Technology, or Education and is currently enrolled in a Master’s or Ph.D. program in Mathematics, Science, Technology, or Education within five (5) years from the later of April 10, 2017 or the employment start date with the nonpublic school*** Official documentation from college or university stating Bachelor’s degree has been earned in an eligible program
* Official documentation from college or university stating teacher is a current student enrolled in an eligible program
* Copy of the School’s current year master schedule
* Copy of the teacher’s schedule for the current school year
* Religious and independent school course descriptions, with evidence that curricula support the New York State learning standards
* Signed employment agreements including yearly salary or other evidence of employment by the religious or independent school
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**Certification**

I hereby certify that said teacher provides instruction in Mathematics, Science, or Technology in any grades from three through 12, using curricula that support the New York State learning standards, and is employed by the nonpublic school. I certify that the evidence reported is in accordance with all applicable statutes, regulations and guidelines; that the school at which the services were performed is not a for-profit entity; the claim is just and correct. Teaching services provided are secular, neutral and non-ideological. The teacher who is the subject of this application does not provide non-secular instruction in any capacity.

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| **Original** Signature of Chief Administrator |  | Chief Administrator Name**(PLEASE PRINT)** |  Date  |
|  |  |  |  |
| Chief Administrator Email Address | Telephone Number | Fax Number |
| Person Completing Form**(PLEASE PRINT)** |  | Title of Person Completing Form |  |  Telephone Number |
| **Original** Signature of Eligible Teacher  |  | Eligible Teacher Name **(PLEASE PRINT)** |  | Date |

**Please submit required documentation and reimbursement request form to:**

**New York State Education Department**

**State Office of Religious and Independent Schools,**

**89 Washington Avenue, Room 1078 EBA,**

**Albany, New York 12234**