



TEACHER AIDE AND ASSISTANT DISCOUNT VERIFICATION FORM

For families with students attending Regional Elementary Schools in the 2025-2026 school year.

ELIGIBLE PARENT/GUARDIAN INFORMATION

LAST NAME:	FIRST NAME:
SCHOOL WHERE EMPLOYED:	WAS THIS PARENT ELIGIBLE TO RECEIVE THE TEACHER AIDE AND ASSISTANT DISCOUNT IN 2024-2025 SCHOOL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYEE ID NUMBER:	IS THIS PARENT ELIGIBLE TO RECEIVE THE TEACHER AIDE AND ASSISTANT DISCOUNT IN 2025-2026 SCHOOL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT INFORMATION

NAME OF STUDENT:	GRADE IN 25-26 SCHOOL YEAR:
SCHOOL ATTENDING:	WAS THIS STUDENT ENROLLED IN K-8 or PAID PK IN 24-25 SCHOOL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT INFORMATION

NAME OF STUDENT:	GRADE IN 25-26 SCHOOL YEAR:
SCHOOL ATTENDING:	WAS THIS STUDENT ENROLLED IN K-8 or PAID PK IN 24-25 SCHOOL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT INFORMATION

NAME OF STUDENT:	GRADE IN 25-26 SCHOOL YEAR:
SCHOOL ATTENDING:	WAS THIS STUDENT ENROLLED IN K-8 or PAID PK IN 24-25 SCHOOL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

I, Principal _____, affirm that the employee above is the parent/guardian of the student(s) above and is eligible for the Teacher Aide and Assistant Discount per the policy.

X _____
Signature - Principal of Employed Faculty Member

X _____
Date