



**ST. THOMAS MORE CATHOLIC SCHOOL
HOME & SCHOOL ASSOCIATION**

BACKGROUND CHECK REIMBURSEMENT REQUEST

DATE: _____

Payable to: _____

Amount: \$_____

Student(s) & Grade(s) at STM: _____

Send check through – c/o: _____
(Child's Name, Grade & Symbol)

By requesting reimbursement for the background check, I agree that I will commit to one volunteer opportunity per year that my children are students at STM. If I am unable to fulfill this requirement, I will repay H&S the fee.

Parent Signature

Date

OFFICE USE ONLY
DATE PAID: _____
CHECK NO: _____
AMT. REIMBURSED: \$_____