

## Request for Nonpublic Pupil Aids Reimbursement 2025-2026 School Year

Please use this form to receive reimbursement for qualified materials.

- THIS form must be completed and received by **April 30, 2026** to receive reimbursement
- Form ED-01650-35 must have been completed and received at the district by **October 1**, **2025** in order to be eligible for reimbursement.
- One form per student must be submitted along with itemized receipts

Student Name:	Grade:
Parent(s) Name(s):	Phone:
Complete Address:	·
ORIGINAL receipts dated between	een 7/1/25 & 4/30/26
for the materials must l	be attached
and are subject to review	for eligibility.
I certify that the attached receipts for the items have been purch student(s) and I request reimbursement from Monticello Public S	•
Signature:	Date:
Please return this form and ORIGINAL receipts to:	Questions:
Sarah Peckskamp	Contact Sarah Peckskamp

## For District Office Use:

Monticello Public Schools

302 Washington St., MN 55362

Date Received:	Amount Eligible: \$
Administrative Signature:	UFARS Code:

(763) 272-2000

sarah.peckskamp@monticello.k12.mn.us