

# OHDELA!

the ohio distance & electronic learning academy

## **MY CHOICE PROGRAM PREAPPROVAL FORM**

Dear OHDELA Families:

If you have a special way that you would like to use MY CHOICE funds to support your student's educational goals and help them gain a better understanding of academic concepts, please complete this form to obtain official pre-approval in order to guarantee that your activity or purchase will be approved for reimbursement. Purchases made prior to official pre-approval and or without pre-approval WILL NOT be reimbursed. Please consult the Student/Parent Handbook for a list of examples of unauthorized expenditures.

Date:

Guardian Name:

Student Name (s):

Verify address:

Please describe how the funds will be used to support your student's academic program. Expenses must relate to the courses and standards in which your student is currently enrolled.

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Please submit the completed form to Christina Battista no later than 30 days prior to wanting to participate in the activity or make a purchase for which you will be seeking reimbursement. Ms. Battista will notify you if your activity/purchase has been approved within 5 business days of submitting your request.

121 South Main Street, Suite 200 | Akron, Ohio 44308 | 1-877-4MY DELA | [www.ohdela.com](http://www.ohdela.com)