



Individual Teacher Class Roster

NOTE: This form must be submitted for initial approval by **January 15, 2023.**
This form must be submitted for final reimbursement by **January 30, 2023.**
(ALL required documents must be included with the final reimbursement request)

Name of Teacher as it appears on license _____

Grade Level(s) of students being taught _____ School Year _____

Student's Legal Name as Registered in School	Student's Date of Birth	Student's Grade Level	Date of 504 Plan

I certify by my signature below that the above student roster is assigned to me for the 2022-23 school year.

Signature _____ Date _____

NOTARIZED SIGNATURE

Mississippi Notary Acknowledgment

The State of Mississippi

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state on this _____ day of _____ in the year 20____ within my jurisdiction, the within named _____ who acknowledged that he/she executed the above and foregoing instrument.

Signature

Notary Public Signature

Print

(SEAL)