



## Individual Teacher Class Roster

**NOTE: This form must be submitted for initial approval by January 16, 2024.**  
**This form must be submitted for final reimbursement by January 31, 2024.**  
**(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 2023-2024 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)