

**MISSISSIPPI DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION**

Revised July 2023

**Educable Child Program  
Parent Reimbursement Forms  
School Year 2025-2026**

**1st Pay Period Educable Child Request Form (July 15, 2025 - September 12, 2025)**

Please complete the following information on each approved student and return to Office of Special Education (OSE) by September 19, 2025.  
Be sure to attach a copy of the roll book to substantiate the days present along with a copy of the invoice from the facility on each approved student.  
The days requested on the invoice from the school must match the days on the reimbursement form.  
It is the responsibility of the school to make sure that all approved students documentation is current each pay period.  
Parent-Placed Students must have a current Educable Child Form for Parentally-Placed Students and a current eligibility.  
Only list the approved students provided by the Office of Special Education.

**School Name:**

**MDE USE ONLY**

| Last | First | Date Enrolled | Application Type | Days Present | Daily Rate | Total     | MDE | Total |
|------|-------|---------------|------------------|--------------|------------|-----------|-----|-------|
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |
|      |       |               | Parent           |              | \$ 600.00  | \$ 600.00 |     |       |

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date