



Internet Service Provider (ISP) Reimbursement Form

Parent/Guardian Name: _____

(As is should appear on check)

Scholar(s) Name: _____

Address: _____

(Where check should be mailed)

Primary Contact Phone Number: _____

Internet Service Provider Name: _____

Please circle each month that you are requesting Internet Service Provider Reimbursement for:

Sept Oct Nov Dec Jan Feb Mar Apr May June

Important Instructions

- Each family may apply for an Internet Service Reimbursement up to, and not to exceed, \$20.00 per month
- The entire bill must be attached and clearly show the name and address where service is provided, the month of service (billing period and year), and the detailed cost for the service.
- Forms must be submitted for at least three months of service. The cut-off date for qualifying for a month of reimbursement will be the 15th of the month.

For example, if a scholar enrolls before the 15th of the month, his/her Internet connection will qualify for reimbursement for the month. If a scholar enrolls after the 15th of the month, his/her Internet connection will not qualify for reimbursement for the month.

In order to receive an Internet reimbursement, this form, and the required documentation outlined above, may be mailed to:

Compass Charter Schools
Attn: ISP Reimbursement
850 Hampshire Road, Suite P
Thousand Oaks, CA 91361

(Only one form per family is necessary), or emailed to: support@compasscharters.org.

Any missing information will delay receipt of the reimbursement. Typical response time to receive the Internet Service Provider Reimbursement is 4-6 weeks once the IT Department receives the request and after confirmation that all required documentation has been submitted.

If you have any questions, please direct them to support@compasscharters.org. By signing below, I acknowledge my understanding of the Compass ISP Process.

Parent/Guardian Signature