High School Tuition Voucher Payment Authorization

_____Independent School District will be responsible for the payment of
(Name of High School)

☐ Tuition & Fees ☐ Books to Hill College for the students below for the following semester:
Summer _____semester Fall _____semester Spring _____semester
(year) (year) (year)

Student Name	Student Social Security Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

Payment Approved by:_____
(Authorized School Signature)

Title:_____

Date:_____

►Fax this form to Zelma Bielat, Business Office, (254) 582-7591 Prior to Day of Registration◄