

**PUBLIC HIGHER EDUCATION FEE DISCOUNT  
FOR DEPENDENTS OF CERTIFIED PUBLIC SCHOOL TEACHERS**

Higher Education Institution \_\_\_\_\_

Term:  Fall     Spring     Summer     Other    Year: 20\_\_\_\_

**INFORMATION ABOUT THE DEPENDENT/STUDENT**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Relationship to Teacher:  Natural Child     Legally Adopted Child
- Teacher's Stepchild Living with Teacher in a Parent/Child Relationship
- Other Individual Living in a Parent/Child Relationship with the Teacher

Describe: \_\_\_\_\_

**INFORMATION ABOUT THE TEACHER**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_      Phone Number: (    ) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Certification:  Teacher     Supervisor     Principal     Superintendent
- Other Certified Personnel - Describe: \_\_\_\_\_
- Employed Full-Time       Not Employed Full-Time
- Certified for Service in Public Elementary or Secondary Schools in Tennessee
- Current Certificate Number: \_\_\_\_\_
- Not Certified

We individually do hereby certify, under penalties of perjury, that all of the information contained above is true, correct, and complete to the best of our knowledge, that we hereby acknowledge receipt of a copy of the rules of this fee discount program, and that to the full extent of our knowledge and information both the "teacher" and the "dependent" are fully qualified for this fee discount under the rules. If following enrollment the student is found to be ineligible for this benefit, the student will be responsible for payment of all previously waived fees plus any other applicable charges.

Teacher: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Student: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTITUTION'S ACCEPTANCE**

Qualified "Tuition": \$ \_\_\_\_\_

Discount: \$ \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_