

Operation Policy # 933
Internet Reimbursement Policy

Pursuant to Section 17-1743(e) of the Pennsylvania Charter School Law, SusQ-Cyber Charter School provides reimbursement for Internet services contracted directly through an Internet Service Provider. The following services will be reimbursed at their assigned rates:

Connection Type	Monthly Reimbursement Amount
DSL	\$40
Cable	\$50
Fiber Optic	\$50
Satellite	\$75
Cellular	\$40*

*Cellular internet access is reimbursed at the rate that SusQ-Cyber pays for Verizon Wireless MiFi cellular service.

Reimbursements will be made for Internet service only and not for taxes, fees or equipment rental charges. SusQ-Cyber will not be responsible for installation fees, reconnection fees, moving fees, contract termination fees or service call charges for repairs.

Reimbursements requests must be made via the form found within the parent portal and payments will be made quarterly only for billed months within the school year. Each month's bills must be attached to the requests in order to receive reimbursement.

Reimbursement will only be issued if all equipment has been returned to SusQ-Cyber for former students and if student is in compliance with SusQ-Cyber's attendance policy.

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SusQ-Cyber Charter School
Internet Reimbursement Request Form

Instructions: Complete this form and submit it along with copies of the billing statements from your internet service provider for the quarter for which you are requesting reimbursement. NOTE: Please submit bills for each month requested. Current students must comply with SusQ-Cyber Charter School's attendance policy; former students must have returned all school-issued equipment before the reimbursement request will be approved.

Forms and statements can be scanned and emailed to *technology@susqcyber.org*, faxed to 570.245.0246, or mailed to:

SusQ-Cyber Charter School
Attention: Internet Reimbursement
240 Market Street
Box 1A, Suite 15
Bloomsburg, PA 17815

Student Information

First Name:

Last Name:

Internet Information

Term Requested:

Internet Service Provider:

Monthly Internet Cost:

Total Amount Requested:

Requestor Information (Where to send the check)

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Requestor's Signature _____

Date: _____

To be completed by Technology Services ONLY:

Comment:

Technology Services Representative Signature _____

Date: _____

CEO Signature _____

Date: _____