

General Information: To qualify for reimbursement, complete and submit this application by January 30, 2020 to Jacqui McKenzie, Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113.

**Minnesota IB World Schools Programme Information**

Authorization Year: \_\_\_\_\_

**IB Programme type (enter X to indicate type of programme):**

\_\_\_\_ Primary Years Programme    \_\_\_\_ Middle Years Programme    \_\_\_\_ Diploma Programme    \_\_\_\_ Career-related Programme

District Name: \_\_\_\_\_ District Number: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**IB Programme Coordinator Contact Information**

Name of IB Programme Coordinator: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Please enter X to indicate all that pertain to your school:

\_\_\_\_\_ Authorized International Baccalaureate Programme; need teachers trained in IB. Please complete IB Teacher Training section below.

\_\_\_\_\_ Candidate IB Programme; need teachers trained in IB. Please complete IB Teacher Training section below.

\_\_\_\_\_ Requesting Student Exam Fee reimbursement. Please complete the IB Exams section below.

**IB Teacher Training**

**Complete this section if your school is requesting teacher training reimbursement. Enter the total number of anticipated teachers attending training between July 1, 2019 and June 30, 2020.**

*Minnesota Association of IB World Schools Training:*

\_\_\_\_\_ Roundtables    \_\_\_\_\_ One-day Workshop    \_\_\_\_\_ Two-day Workshop    \_\_\_\_\_ In-District Training

*IBO Training:*

\_\_\_\_\_ IBO - In-State (April 25-27, 2020)    \_\_\_\_\_ IBO - Out-of-State (*does not include ARC/Conferences*)    \_\_\_\_\_ IBO - Online

**IB Exams**

**Complete this section if your school is requesting student exam fee reimbursement for exams taken in 2019-20. Enter the total number of anticipated students and exams taken in 2019-20.**

Number of low-income students: \_\_\_\_\_

Total number of low-income exams: \_\_\_\_\_

Number of non-low-income students: \_\_\_\_\_

Total number of non-Low-income exams: \_\_\_\_\_

Number of 2020 Senior Diploma Students: \_\_\_\_\_

**Please mail or submit a scanned version of the completed application to [Jacqui McKenzie](#), Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113.**

I hereby certify by my signature that I have thoroughly reviewed the enclosed information and the data contained in this application is true and accurate. **NOTE: Typing in your name for the Signature field below will act as a binding signature**

Signature, Principal/Director

Email

Date

Signature, IB Programme Coordinator

Email

Date