

ACES ARC DISTRICT PAYMENT COMMITMENT FORM

THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL DISTRICT REPRESENTATIVE.

The teacher named below has been accepted into an ACES Alternate Route to Certification (ARC) program.

Program tuition for 2025-26 is \$5,000.00. This form represents a commitment by the district to pay the full or partial balance of tuition.

For questions, contact John Gustafson at 860-328-9826 or jgustafson@aces.org.

PARTICIPANT NAME: _____

SCHOOL DISTRICT: _____

NAME OF AUTHORIZED DISTRICT REP: _____

BILLING CONTACT NAME *(if different from above):* _____

BILLING ADDRESS: _____

CONTACT PHONE: _____

AMOUNT BEING PAID BY DISTRICT: \$ _____

Your signature below verifies that (1) the district understands the time commitment for your employee's full program participation and (2) the district commits to payment of the above tuition amount.

Signature of Authorized District Representative

Date Signed

NEXT STEPS:

- Return signed form to John Gustafson at jgustafson@aces.org.
- Submit a purchase order for payment to John Gustafson, ACES, 205 Skiff Street, Hamden, CT 06517