

Payable to: _____
Address: _____

Phone: _____



INVOICE

BILL TO: Lloydminster Catholic School Division
 6611B - 39 Street
 Lloydminster, AB T9V 2Z4
 Phone: 780.808.8585
 Fax: 780.808.8787

DATE: _____

DESCRIPTION	AMOUNT
<input type="checkbox"/> Alberta Home Schooling <input type="checkbox"/> Sask. Home Schooling Name of Student: _____	
TOTAL	\$ -

All expenses above are Home-based Education expenses.

Parent (Guardian): _____