

PARENT DIRECTED REIMBURSEMENT FORM

Black Gold Home-Based School 5204 50 Ave., Unit 102 Beaumont, AB. T4X 1E3 780-929-5784 hbs@blackgold.ca

Mal Schildren The	100 020	1100@blackgold.ca		
This form	must be completed and	handed in before June 1st of e	ach school y	<mark>rear.</mark>
School Year:	_ Date:	Reimbursement maxin	num per stud	dent: <u>\$901.00</u>
Name of Parent/Guardia	n:			
Name of Student(s) for w	hich materials were pur	chased:		
Mailing Address:				
 The name of agency The material purchas The cost of the mater The total cost you paid The GST and GST not 	you seek reimbursemen (the logo and contact in ed, course taken or servial, course or service id - receipt showing metl umber.	t. Please do not include perso fo) vice provided		
Agency/ Supplier	Item	Educational Purpose	GST	Total Cost
J J 11				
		TOTALS: 9	\$ \$	<u> </u>

Parent/Guardian Signature

Home-Based Education Assistant Principal Signature