PARENT DIRECTED REIMBURSEMENT FORM - Kindergarten

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

*This form must be completed and handed in before **June 1st** of each school year.*

School Year: __________ Date: ____________________ Reimbursement maximum per student: **$464.01**

Name of Parent/Guardian: ____

Name of Student(s) for which materials were purchased: ___________________________

Mailing Address: ____

Please Note: **Attached original receipts must include:**

1. Only items for which you seek reimbursement. Please do not include personal purchases.
2. The name of agency (the logo and contact info)
3. The material purchased, course taken or service provided
4. The cost of the material, course or service
5. The total cost you paid - receipt showing method of payment
6. The GST and GST number.

If GST has been charged, the receipt MUST show the GST# if the receipt does not show the GST#, the item cannot be processed.

Agency/ Supplier	Item	Educational Purpose	GST	Total Cost
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
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			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00

TOTALS: $ $ 0.00 **$** $ 0.00

______________________________ Parent/Guardian Signature

______________________________ Home-Based Education Assistant Principal Signature