



**Heritage Christian Online School
Home-School Registered
Reimbursement Form**

Student/s Names	<input style="width:100%;" type="text"/>		
Parent Full Name	<input style="width:100%;" type="text"/>		
Mailing Address	<input style="width:100%;" type="text"/>		
	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>	
	City, Province & Postal Code		Phone Number

1. **Students MUST be Registered with HCOS prior to Sept 30th to receive funding for the school year.**
2. You may submit for reimbursement anytime between Nov 1st and MAY 15th, but only ONE submission per school year. You can receive up to \$150 for students in Grades 1 to 12 and \$75 for Kindergarten.
3. Use one form per family. Please number receipts & record details below. Mail form and receipts to:
Heritage Christian ONLINE School, 905 Badke Road, Kelowna, BC V1X 5Z5
4. Each item must have a receipt dated no earlier than the April preceding the current school year (eg. Apr09-May10). Items bought used, or through an informal sale, require a handwritten receipt.
Please allow 8 weeks to process your reimbursement

Purchased From	Description of Item	Amount	Rec.#
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
C/O from Page 2	Attach PAGE 2 for additional items - C/O SUB-TOTAL		C/O
Total for BOTH Pages	GRAND TOTAL of RECEIPTS SUBMITTED		TOTAL

I certify all receipts for curriculum and materials are for the education program of my Registered Home Schooler.

Parent Signature <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>
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For Administration Use Only:

Reimbursement Amount <input style="width:95%;" type="text"/>	How Many HSRegistered <input style="width:95%;" type="text"/>	Date in Encom <input style="width:95%;" type="text"/>
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**Heritage Christian Online School
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Reimbursement - PAGE 2**

Student/s Names	<input style="width: 100%;" type="text"/>		
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	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	City, Province & Postal Code	Phone Number	

Purchased From	Description of Item	Amount	Rec.#
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
			23
			24
			25
			26
			27
			28
			29
			30
PAGE 2	(Carry Over Total to Page 1)	PAGE 2 SUB-TOTAL	C/O