

# Heritage Christian Online School

## Home-School Registered Reimbursement Form

Student/s Names	<input type="text"/>		
Parent Full Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
	<input type="text"/>		<input 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...up to \$150 for students Kindergarten through Grade 12.
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 receipt **MUST** be **DATED** & **NO** earlier than BCCHEC Convention, end of APR, preceeding current school year. Items bought used, or an informal sale, require a **DATED, SIGNED**, 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 type="text"/>	Date	<input type="text"/>
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### For Administration Use Only:

Reimbursement Amount	<input type="text"/>	How Many HSRegistered	<input type="text"/>	Date in Encom	<input type="text"/>
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# Heritage Christian Online School

## Home-School Registered Reimbursement Page 2

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

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
<b>PAGE 2</b>	<b>(Carry Over Total to Page 1)</b>	<b>PAGE 2 SUB-TOTAL</b>	<b>C/O</b>