



**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:100%;" type="text"/>
	EMAIL Address		
	<input style="width:100%;" type="text"/> CITY	<input style="width:100%;" type="text"/> Postal Code	<input style="width:100%;" type="text"/> Phone Number

1. Students MUST Register with HCOS prior to Sept 30th to receive funding for the school year.
 2. You may submit **ONE** Family Reimbursement Form between **NOV 1st and MAY 15th**,
 3. Registered funding is \$150 per student for Kindergarten to Grade 12.
 4. Number receipts & Record vendor name, description and amount (include taxes in the total).
 5. Receipts must be dated between previous April 24th and up to April 30th of current year and must clearly identify vendor. Used items require a dated, signed, handwritten receipt.
MAIL TO: Heritage Christian ONLINE School, 905 Badke Road, Kelowna, BC V1X 5Z5
Please allow 8 weeks to process your reimbursement

Purchased From	Description of Item	OFFICE ONLY	Amount Incls TAX	Rec.#
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
C/O from Page 2	Attach Page 2 (additional Items) SUB-TOTAL			C/O
Total for BOTH Pages	GRAND TOTAL RECEIPTS			TOTAL

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

Parent Signature **Date**

For Administration Use Only:

Reimbursement Amount	<input style="width:100%;" type="text"/>	GST Total	<input style="width:100%;" type="text"/>	How Many HS Registered	<input style="width:100%;" type="text"/>
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**Heritage Christian Online School
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Reimbursement - PAGE 2**

Student/s Names	<input type="text"/>		
Parent Full Name	<input type="text"/>		
Mailing Address	<input type="text"/>		<input type="text"/>
	EMAIL Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY	Postal Code	Phone Number

Purchased From	Description of Item	OFFICE ONLY	Amount Incls TAX	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 SUB-TOTAL to Page 1			C/O