THE FATHER'S HOUSE CHRISTIAN SCHOOL

STREAMS Learning

Home Education Reimbursement Form

Please Note: The deadline for sending in claims is **May 31.** Claims sent after this date will not be processed until August.

Last Name _____ Family# _____ Date _____

Name of Parent/Guardian _____

Name of Student(s) (add last name if different from above) _____

Mailing address _____ New address? ◯ Yes ◯ No

Phone _____ Email _____

Please indicate your preference ◯ cheque in the mail ◯ direct deposit*

*For direct deposit, please include a photo of a void cheque or a photo of a direct deposit form.

Please see the instructions for completing this form on the reverse.

Receipt Date	Supplier/ Store	Items Purchased	Student(s) Name	Subject	Amount without GST	GST	Total including GST
MM/DD/YY	Walmart	School Supplies	John & Nelly	ALL	56.75	2.84	59.59

For Office Use Only

Please see additional page for USD calculations ____

Funds Available _____

Amount Paid _____

Funds Remaining _____

Totals			

Home Education Reimbursement Form Instructions

1. Fill in your personal information at the top of the form. If you do not know your family number, you can check with Linda at 587-436-6902.
2. Record one receipt per line
3. Please keep all your original receipts. Make photocopies of them to send if you are sending your claim by mail.
4. If purchases that are not related to school are on the receipt, please cross them out and adjust the total of that receipt.
5. When filling in the “Items Purchased” spot, you do not need to list every single item. Please describe the items in one or two words.
6. If the prices are in US dollars or Mexican currency, please leave the totals blank. We will write them in using Canadian dollars.
7. If you are sending photos or scans of your receipts, please send one receipt per photo or scan.

You can send the completed form(s) and receipts to:

587-436-6902 Text/WhatsApp

office@streamslearning.com

587-787-3706 Fax

PO Box 3177, Morinville, AB, T8R 1S1

If you would like further explanations, please contact Linda Doucet, Office Manager

587-436-6902

linda@streamslearning.com

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ADDITIONAL REIMBURSEMENT ITEMS

Last Name _____ Family# _____ Date _____

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TOTALS			