

MONTESSORI SCHOOL

123 Education Lane
Learning City, ST 12345
contact@montessori.edu

INVOICE

Invoice #: _____

Date: _____

BILL TO:

Parent/Guardian Name: _____

Address: _____

Email: _____

STUDENT DETAILS:

Student Name: _____

Grade/Level: _____

Academic Period: _____

Description	Amount
Tuition Fee (Monthly/Term)	\$ _____
Materials & Practical Life Supplies	\$ _____
Extracurricular Activities	\$ _____
Other: _____	\$ _____

Subtotal: \$ _____

Discount/Scholarship: (\$ _____)

Total Balance Due: \$ _____

Payment Terms: Please remit payment by the 5th of the month. Late fees may apply.

Payment Methods: Bank Transfer, Check, or Online Portal.

"Follow the child." - Maria Montessori