

MONTESSORI ACADEMY

[School Address Line 1]
[City, State, Zip Code]
[Phone Number] | [Email/Website]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [000000]
Billing Period: [Month, Year]

PARENT / GUARDIAN INFORMATION

[Primary Guardian Name]
[Mailing Address]
[City, State, Zip]
[Phone Number]

STUDENT INFORMATION

Student Name: [Full Name]
Program: [Toddler / Primary / Elementary]
Classroom: [Room Name/Teacher]
Student ID: [ID Number]

DESCRIPTION OF SERVICES	AMOUNT
Monthly Tuition Fee ([Current Month])	\$ 0.00
Extended Day / After Care Services	\$ 0.00

DESCRIPTION OF SERVICES	AMOUNT
Material & Supply Fee (Annual/Semi-Annual)	\$ 0.00
Extra-Curricular Activities: [Activity Name]	\$ 0.00
Hot Lunch Program	\$ 0.00
Late Pick-up / Other Incidentals	\$ 0.00

Subtotal: \$ 0.00
Discounts (Sibling/Early Bird): - \$ 0.00
TOTAL DUE: \$ 0.00

PAYMENT TERMS & INSTRUCTIONS

1. Please make checks payable to: [School Name]
2. Payment is due by the 5th of the month. A late fee of [Amount] applies thereafter.
3. For Bank Transfers: [Bank Name] | Routing: [Number] | Account: [Number]
4. Please include Student Name and Invoice Number in the payment memo.

"Help me to do it by myself." - Maria Montessori