

[MONTESSORI SCHOOL NAME]

[Address Line 1]
[Address Line 2]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [000]

BILL TO:

[Parent/Guardian Name]
[Student Name]
[Classroom/Level]

BILLING PERIOD:

[Month, Year]

Description	Amount
Monthly Tuition (Primary/Toddler Program)	\$ 0.00
Extended Care / After School Hours	\$ 0.00
Materials & Supply Fee	\$ 0.00

Description	Amount
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Other: [Description]

\$ 0.00

Subtotal: \$ 0.00
Credits: (\$ 0.00)
Total Due: \$ 0.00

Payment Terms: Please remit payment by the 5th of the month. Late fees apply after the 10th.

Notes: [Optional Montessori Quote or School Message]