

MONTESSORI ACADEMY

[School Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]
Billing Period: [Month, Year]

BILL TO

[Parent/Guardian Name]
[Address Line 1]
[City, State, Zip]

STUDENT INFORMATION

Student: [Student Full Name]
Program: [Toddler / Primary / Elementary]
Classroom: [Classroom Name]

Description of Services	Amount
Monthly Tuition Fee	\$0.00
Extended Care (Before/After School)	\$0.00
Materials & Supply Fee	\$0.00
Extracurricular Activities	\$0.00

Subtotal: \$0.00

Adjustments/Discounts: -\$0.00

Total Balance Due: \$0.00

Payment Due Date: [Date]

Notes: Please make checks payable to "Montessori Academy". A late fee of [Amount] will be applied to payments received after the 5th of the month. Thank you for being part of our community.