

MONTESSORI SCHOOL

123 Education Lane
Learning City, ST 12345
Phone: (555) 012-3456

INVOICE

Invoice #: _____
Date: _____
Billing Cycle: _____

BILL TO:

Parent/Guardian Name: _____
Student Name: _____
Program/Level: _____

PAYMENT DUE:

[Date]

Description of Services	Amount
Monthly Tuition - Primary/Elementary Program	\$0.00
Extended Care / After School Hours	\$0.00
Materials & Supply Fee	\$0.00

Description of Services	Amount
Extracurricular Activities	\$0.00
<hr/> Subtotal: \$0.00 Discounts/Sibling Credit: (\$0.00) Total Amount Due: \$0.00	

Please make checks payable to **Montessori School**.

A late fee of \$25.00 applies to payments received after the 5th of the month.

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