

# [SCHOOL NAME]

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email Address]

## INVOICE

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Billing Period:** \_\_\_\_\_

### PARENT/GUARDIAN:

[Name]  
[Address]  
[City, State, Zip]

### STUDENT INFORMATION:

**Name:** [Student Full Name]  
**Program:** [e.g., Primary / Toddler]  
**Classroom:** [Room Name]

Description	Amount
Monthly Tuition Fee	\$ 0.00
Extended Care (Before/After School)	\$ 0.00
Materials & Supply Fee	\$ 0.00
Extra-Curricular Activities	\$ 0.00

<b>Description</b>	<b>Amount</b>
Late Pickup / Miscellaneous Fees	\$ 0.00
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Subtotal: \$ 0.00	
Discounts/Credits: (\$ 0.00)	
<b>TOTAL DUE: \$ 0.00</b>	

**Payment Terms:** Due by the [Day] of the month. A late fee of [Amount] applies after the [Day].

**Notes:** [Space for specific school comments or reminders]

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*Thank you for being part of our Montessori community.*