| | Tutorial or Group Lesson Reimbursement Form | | | | | | |
|---|--|-----------------|--|--|--|--|--|
| Student Name Parent(s) Name(s) | Today's Date: | | | | | | |
| Please check the applicable box that best describes the tutoring: One tutor-to-One student One tutor-to-Group of students Describe the tutoring that your son or daughter received from the tutor: | Qualification(s) of the tutor: | ent. 🗌 Yes 🗌 No | | | | | |
| Date(s) of tutoring which your receipt covers: | Signature or initials of one parent or g I affirm this information to be true Signature or initials of tutor | - | | | | | |

| FOR OFFICE USE ONLY | NT | NH | BB | Reimbursed Amount | GST Amount |
|---------------------|-----------------|----|----|-------------------|------------|
| Paid by cheque # | Date of cheque: | | | \$ | \$ |
| Paid by cheque # | Date of cheque: | | | \$ | \$ |