Two Reimbursement Period Deadlines
Nov 30* & *May 31

Date Submitted: _____

Cherry Coulee Christian Academy/40 Mile Home Education
Home School Reimbursement Claim Form

Please attach your original receipts to this form

Family (last name): _____ (father): _____ (mother): _____
Address: _____ Phone: _____
Students: _____

date purchased	Purchased from store / company / institution	item name or description	receipt total (with GST & ship)	office use only

Total Value $ _____
Of Receipts to be Reimbursed

Please mail your completed form with attached receipts to:
Cherry Coulee Christian Academy Box 10370 Bow Island, AB T0K 0G0

If you have further questions,
Please call your supervisor

revised October 2025