

School Name

Address Line 1

Address Line 2

City, State ZIP

Phone: (____) ____ - ____

Date: ____ / ____ / ____

Receipt No: _____

TUITION PAYMENT RECEIPT**Student Information**

Student Name: _____

Grade/Class: _____

Student ID: _____

Payment Details

Description	Amount
Tuition Fee	_____
Other Fees	_____
Discount/Scholarship	_____
Total Paid	_____

Payment Method

[] Cash [] Bank Transfer [] Credit Card [] Other: _____

Authorized Signature _____

Parent/Guardian Signature _____