



2020-2021 Sneaker and School Supplies Reimbursement Form

ALL cheques will be mailed to the address below. Please use the correct mailing address.

Make reimbursement(s) payable to:

Name: _____

Address: _____

_____ Phone: _____

Maximum Amount Reimbursed

Grades	Gym Sneakers	School Supplies
Nursery - 5	\$50	\$45
6 - 9	\$60	\$55
10 - 12	\$80	\$60

Name	School	Grade	Sneaker Amount(a)	School Supplies Amount(b)	Total Amount
					BLANK SPACE
Subtotal			(a)\$	(b)\$	= \$

Signature: _____ Date: _____

For Office Use

Required documents received (check all that apply)

June Report Card ID Receipts Proof of registration (QC provincial students)

Cheque Received: _____ Cheque Number: _____

Cheque Mailed: _____ Signature: _____