



Spokane Virtual Learning



Tuition – Spring 2007

(Please type or print legibly. All fields required.)

Student
Last Name _____ First Name _____ M.I. _____

Home phone _____

Parent work phone _____

Course(s) selected

\$350 per course per semester

COURSES SIGNING UP FOR: _____

_____ Number of courses

x \$350

_____ Total amount paid

*Please make checks payable to **Spokane Public Schools**.*

Parent/Guardian
signature:

Date:

Mailing address:
Spokane Public Schools
Att: Cashiers
200 N. Bernard Street
Spokane, WA 99201

Walk-in:
Spokane Public Schools
200 N. Bernard Street
Cashiers' office, second floor
Spokane, WA

Office use only

Tuition payment has been received for the above-named student.

Receiving cashier:

Date: