

Out of district tuition form



Tuition – 2017-2018 School Year

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

Student

Last Name _____ First Name _____ M.I. _____

Home phone _____

Parent work phone _____

Course(s) selected

\$399.00 per course per semester

COURSES SIGNING UP FOR:

_____ Number of courses x \$399

_____ Total amount paid

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

Parent/Guardian signature: Date:

Mailing address:

Spokane Virtual Learning

2900 East 1st Avenue Spokane, WA 99202

----- Office use only

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

Receiving employee:

Date: