



Lighthouse Christian Academy Home Education Reimbursement Form

Parent Name(s):		Address:	
		City/Town:	
Student Name(s):		Postal Code:	
		Phone Number:	
		Email:	

Please clearly print your information in the boxes

Attach original receipts to the form (we recommend you keep a copy of the receipts for your records)

Place of Purchase	Description	Subject	CAN Price (GST included)

Total:

Please submit this form with your original receipts directly to the LCA office. They can be dropped off or mailed to [Lighthouse Christian Academy 4290 50St Sylvan Lake, AB T4S0H3](mailto:reimbursement@lighthousechristianacademy.com)