

**Canterbury High School Music Parent Support Group
Student Credit Reimbursement Form**

Name of Student: _____ Date: _____

Arts Program: _____ Grade: _____

E-mail address: _____

(you will be notified by e-mail when cheque is ready for pick-up in the office)

Item(s) that Student wishes to use student credits for:

Dollar Amount requested \$ _____

Cheque to be made out to (please print clearly): _____

(Please attach receipts if applicable, i.e. music lessons)

Parent Signature: _____

Student Signature: _____

Department Head Signature: _____

Verified by: _____ Date: _____

(Treasurer)