

Invoice For Educational Services For Students in Care and Treatment

Minnesota Statutes, section 125A.19, requires all tuition billing of non-resident children pursuant to sections 125A.03 to 125A.24, 125A.51, 125A.515 and 125A.65, to be done on forms prescribed by the commissioner. School districts are to use this form to invoice the resident district for education costs for students in care and treatment programs. The care and treatment services provided for students in a day program are not eligible for membership unless required by the student's Individual Education Program (IEP). There is no requirement for summer education programs for a student in a day or residential program under Minnesota Statutes, section 125A.51. Students in a residential program approved under Minnesota Statutes, section 125A.515, and who are below grade level shall receive summer school services. **Do not** send a copy of this invoice to the Minnesota Department of Education.

Invoice Number:			School Year:			Date of Invoice:				
Student Information										
Student's Last Name:			Student's First Name:			Student's Middle Name:				
Date of Birth:		Grade:		State Aid Category:		MARSS Number:		Percent Enrolled:		
Parent Information										
Parent's (Guardian's) Full Name:			Address:			City:		State:	ZIP Code:	
Dates of Service					Membership					
From:		To:		Hours:		Days:				
Serving District Information										
District Name:			District Number and Type:		School Name:		School Number:			
Address:			City:			State:		ZIP Code:		
Contact Person:			Email Address:			Telephone Number:				
Resident District Information										
District Name:			District Number and Type:		Attention:					
Address:			City:			State:		ZIP Code:		
Billing Information										
Comments:				Choose Either Hours or Days						
				Total Number of General Education Service	General Education Rate Per Hour/Day	General Education Tuition Costs		Total Number of Special Education Service	Special Education Rate Per Hour/Day	Special Education Tuition costs
				Hours:				Hours:		
				Days:				Days:		
										Prior Payments:
						Total Balance Due:				
Certification Statement										
The undersigned certifies that the costs contained in this invoice are only for educational services.										
Name:			Title:							
Signature:			Telephone:			Date:				