

**Special Needs Tuition Funding for School-Aged Children  
2003-2004**

Please submit on a monthly basis to:

**Department of Education  
Student Services Division  
P.O. Box 2000, 3 Brighton Road  
Charlottetown, PE C1A 7N8**

**ATTENTION: Winnifred MacInnis, Special Education Coordinator**

**Child's Name** \_\_\_\_\_

**Billing Month** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Name and Mailing Address of Pre-School Centre**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature**

\_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Department Use Only:**

<b>Batch #</b> _____				
<b>Received Date</b> _____				
<b>Approver(s)</b> _____				
<b>Distributions:</b>				
<b>Section</b>	<b>Object</b>	<b>Program</b>	<b>Project</b>	<b>\$ AMOUNT</b>