

## IOHS Pre-Pay Invoice

**(Tuition increase effective 02/23/2018)**

Central Office Mailing Address: PO Box 759 Saint Helena Island, SC 29920 Telephone: 773-499-2668

Illinois School Code Authorization: 105 ILCS 5/26-1 et seq. Illinois State Board of Education IEIN: 299099 Immigration Equality: DACA Approved School (Deferred Action for Childhood Arrivals) US Department of Education: Federal Register Vol. 64, No. 204, 64 FR 57356. – Home School (CPS Vendor Number 294065)

**SCHOOLS NEEDING CREDIT RECOVERY** - Use this form if you will be paying for the students or collecting from them. All grades and final transcripts will be emailed to you immediately as each student completes class. To **share this form & pay** – go to “Registration/Fees – Schools/ Organizations”. Next, have students register online, select “School Pay” and begin. They will receive a welcome letter and class link in one business day. After payment is received, they will receive a receipt.

**REFUND POLICY:** You must pay for your students' class/es within 10 business days of registering. You must request a refund within 10 business days from the date payment was made; otherwise, a 9 month financial credit will be issued on your account which your school may use for tuition. No refunds are issued for registered students who do not have their class/es paid for by the 10th day of registering nor for those who fail or do not complete their class. To request a financial credit, inform us of the student who you are dropping no later than 10 days after that student has registered and we will drop that student and issue your credit. Do NOT pay for students who have not registered.

**IMPORTANT – If paying by check by mail; mail a copy of this invoice with payment** – Students’ work cannot be evaluated until payment is made. Make all checks payable to: Dr. LaTatia Stroud MAIL TO: IOHS PO Box 759 Saint Helena Island, SC 29920 Contact: Office 773-499-2668 for live support

Is this an amended invoice?	If yes, describe the amendment.
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<b>DATE:</b>	<b>SCHOOL'S NAME:</b>	<b>SCHOOL'S ZIP CODE:</b>
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<b>SCHOOL/REPs Phone:</b>
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<b>REGISTRAR'S/COUNSELOR'S NAME:</b>	<b>EMAIL:</b>
<b>Business Manager/Billing: Email Address</b>	

<b>COMMENTS:</b>
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STUDENT Last, First	BIRTH DATE	COURSE/CREDIT	COURSE/CREDIT	
SAMPLE Doe, John	01/15/2001	Algebra I/ 1.0 Credit	Chemistry/ 0.5 Credit	<b>Cost per credit</b> (0.5) = \$52 (1.0) = \$94 (2.0) Specialty class \$188 (20.0) HSGC Full Program = \$840 <hr/> <b>\$146</b>

