



Evesham Township School District

Meland Administration Building
25 South Maple Avenue
Marlton, NJ 08053
(856) 983-1800 Fax (856) 983-2939

PRESCHOOL INTEGRATED PROGRAM
PAYMENT VOUCHER FOR *FULL PAYMENT*
DUE DATE: August 1, 2019

STUDENT NAME: _____

SCHOOL ATTENDING: Rice

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AMOUNT DUE: \$3,000.00 CHECK NUMBER: _____

Please make check payable to: Evesham Township School District



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Meland Administration Building
25 South Maple Avenue
Marlton, NJ 08053
(856) 983-1800 Fax (856) 983-2939

PRESCHOOL INTEGRATED PROGRAM
PAYMENT VOUCHER FOR *TWO PAYMENTS*
DUE DATE: AUGUST 1, 2019

STUDENT NAME: _____

SCHOOL ATTENDING: Rice

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AMOUNT DUE: \$1,500.00 CHECK NUMBER: _____

Please make check payable to: Evesham Township School District

PRESCHOOL INTEGRATED PROGRAM
PAYMENT VOUCHER FOR *TWO PAYMENTS*
DUE DATE: FEBRUARY 1, 2020

STUDENT NAME: _____

SCHOOL ATTENDING: Rice

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AMOUNT DUE: \$1,500.00 CHECK NUMBER: _____

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**PRESCHOOL INTEGRATED PROGRAM
PAYMENT VOUCHER FOR *THREE PAYMENTS*
DUE DATE: AUGUST 1, 2019**

STUDENT NAME: _____

SCHOOL ATTENDING: Rice

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AMOUNT DUE: \$1,000.00 CHECK NUMBER: _____

Please make check payable to: Evesham Township School District

**PRESCHOOL INTEGRATED PROGRAM
PAYMENT VOUCHER FOR *THREE PAYMENTS*
DUE DATE: NOVEMBER 1, 2019**

STUDENT NAME: _____

SCHOOL ATTENDING: Rice

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AMOUNT DUE: \$1,000.00 CHECK NUMBER: _____

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**PRESCHOOL INTEGRATED PROGRAM
PAYMENT VOUCHER FOR *THREE PAYMENTS*
DUE DATE: FEBRUARY 1, 2020**

STUDENT NAME: _____

SCHOOL ATTENDING: Rice

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AMOUNT DUE: \$1,000.00 CHECK NUMBER: _____

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