



500-4201 4th Ave  
 Whitehorse, YT Y1A 5A1  
 Email: edu-avs@gov.yk.ca

# Aurora Virtual School Request for Reimbursement

**Office Use Only:** Home Ed Plan: \_\_\_\_\_ School Year: \_\_\_\_\_ % calculation for cross enrolled students \_\_\_\_\_

Date of Request:  Grade:   Direct Deposit Form Request **Is your child cross enrolled?**  
 Yes  No

Parent Name:  Student Name:

Signature of Parent:   
  
 Mailing Address:

**Important:**  
 Attach **ORIGINAL** receipts  
*Separate form for each student*

*\*Please indicate if paid in US dollars*

Date	Vendor	Description	* Amount

\* Yukon Government uses the Bank of Canada Exchange rate for the date of purchase.

Amount Requested: \_\_\_\_\_  
 Amount Approved: \_\_\_\_\_