

REFUND REQUEST

Date: _____

Amount of Refund \$ _____

Students Name: _____

Grade: _____

Reason for refund:

Siblings Name: _____ Grade: _____

Siblings Name: _____ Grade: _____

Refund check is to be mailed to:

Name: _____ Phone#: _____

Address: _____

City: _____ Zip: _____

Admin Signature: _____ Date: _____ Bldg: _____

No other fees are due from the student at this time: _____ Admin initial

Please Note: NO IMMEDIATE REFUND IS EVER ISSUED. Refund checks can take up to six weeks for delivery. Please make sure you have given the appropriate mailing address to where you need the check sent. No check will be written for an amount less then \$2.00.

**Please forward to Treasurer for payment

rev: 2/18/14