

Student Refund Request



Student's Name/ID#: _____

School Name: _____

Refund Amount: _____

Type of Refund: Library
 Participation Fee
 Field Trip
 Other _____

Parent or Guardian's Name & Address:

Parent or Guardian's Signature _____

*Please fill out this form and send to the building main office for processing. Refund may take up to 30 days to process, will be mailed to the address above following the next month's Board of Education Meeting.