

[School Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

# REFUND INVOICE

Date: [MM/DD/YYYY]  
Reference #: [000000]

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## STUDENT DETAILS

[Student Full Name]  
Student ID: [ID Number]  
Grade Level: [Grade]  
Academic Year: [Year]

## PAYEE / PARENT DETAILS

[Parent/Guardian Name]  
[Mailing Address]  
[City, State, Zip Code]  
[Email Address]

| Description of Fees Paid    | Original Amount | Refund % | Refund Amount |
|-----------------------------|-----------------|----------|---------------|
| Tuition Fees                | \$0.00          | 0%       | \$0.00        |
| Enrollment/Registration Fee | \$0.00          | 0%       | \$0.00        |
| Activity/Lab Fees           | \$0.00          | 0%       | \$0.00        |
| Transportation/Other Fees   | \$0.00          | 0%       | \$0.00        |

Subtotal Refund: \$0.00

Less Administrative Charges: (\$0.00)

**Total Refund Due: \$0.00**

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**Notes:** [Refund Policy Notes, e.g., Refund processed via original payment method within 14 business days.]

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_