

[SCHOOL NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

REFUND STATEMENT

Date: [Date]
Reference #: [00000]

Student Information:

[Student Full Name]
ID: [Student ID]
Grade: [Level]

Payee Information:

[Parent/Guardian Name]
[Billing Address]
[Email/Contact]

| Description of Fees Paid | Original Amount | Non-Refundable | Refund Amount |
|------------------------------|-----------------|----------------|---------------|
| Tuition Fees [Academic Year] | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Enrollment/Registration Fee | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Lab/Activity Fees | \$ 0.00 | \$ 0.00 | \$ 0.00 |

| Description of Fees Paid | Original Amount | Non-Refundable | Refund Amount |
|--------------------------|-----------------|----------------|---------------|
| Other: [Description] | \$ 0.00 | \$ 0.00 | \$ 0.00 |

Subtotal Refund: \$ 0.00

Administrative Processing Fee: (\$ 0.00)

Total Refund Due: \$ 0.00

Reason for Refund:

[Reason]

Method of Refund: [Check / ACH / Credit Card Back-charge]

Authorized Signature: _____ Date: _____

Note: Please allow 7-14 business days for processing.