

[SCHOOL NAME]

[Street Address]
[City, State, Zip]
[Phone Number] | [Email/Website]

REFUND INVOICE

Date: [MM/DD/YYYY]
Refund #: [000000]
Original Inv #: [000000]

REFUND RECIPIENT [Parent/Guardian Name]

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

STUDENT INFORMATION Student Name: [Full Name]

Student ID: [ID Number]
Grade/Level: [Grade]
Academic Year: [20XX-20XX]

Description of Fees	Original Amount	Refund %	Refund Amount
[Tuition Fee / Enrollment Deposit]	\$0.00	[0%]	\$0.00
[Lab / Activity Fees]	\$0.00	[0%]	\$0.00
[Transportation / Meal Plan]	\$0.00	[0%]	\$0.00

Subtotal: \$0.00
Administrative Processing Fee: (\$0.00)
Total Refund: \$0.00

REASON FOR REFUND

[Reason for refund or withdrawal policy reference]

Method of Refund: [Check / ACH / Credit Card Reverse]

Note: Please allow 7-10 business days for the funds to reflect in your account.

Authorized Signature: _____ Date: _____