

[SCHOOL NAME]

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

TUITION REFUND

Refund #: _____
Date: [MM/DD/YYYY]

REFUND RECIPIENT [Parent/Guardian Name]

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

STUDENT INFORMATION Student Name: [Student Full Name]

Student ID: [ID Number]

Grade Level: [Grade]

Academic Year: [20XX-20XX]

Description of Fees	Original Paid	Refund %	Refund Amount
Tuition Fees - [Semester/Term]	\$0.00	0%	\$0.00
Laboratory / Resource Fees	\$0.00	0%	\$0.00
Extracurricular / Athletics Fees	\$0.00	0%	\$0.00
Other: [Description]	\$0.00	0%	\$0.00

Subtotal Refund: \$0.00

Administrative Processing Fee: (\$0.00)
TOTAL REFUND: \$0.00

REASON FOR REFUND

- Withdrawal
- Overpayment
- Scholarship Award Adjustment
- Other: _____

METHOD OF REFUND

- Check (# _____)
- Original Credit Card
- Bank Transfer / ACH

Authorized By: _____ Date: _____

Notes: Refunds are processed according to the [School Name] Tuition Refund Policy as stated in the enrollment contract. Please allow 10-14 business days for funds to appear in your account.