



# REFUND REQUEST FORM

Student's Name: \_\_\_\_\_

Activity/Event: \_\_\_\_\_ Campus: \_\_\_\_\_

Reason for refund request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification:**

1. Attach copy of original Receipt
2. Include any additional documentation applicable to this request.

I originally paid with:			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card

<u>ORIGINAL PAYER/PARENT</u>	
Name: _____	Cell #: _____
<b>Mail check to:</b>	
Address/City/Zip: _____	
E-Mail address: _____	Hm or Wk phone: _____

**Refund Policy:** Refunds are issued on a very limited basis. The Business Office will review any and all paperwork signed by the Student/Parent pertaining to each individual event and/or activity. The Sponsor of each event/activity must communicate the refund policy (if any) to the Student/Parent and to the Business Office.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LWISD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name & Title of LWISD Representative:** \_\_\_\_\_

<b>Budget Code (District Use Only):</b> _____
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