

Tate County School District
Refund Request Form

Students Name: _____

Name (Who the check needs to be made out to)

Address where you want the refund sent:

Address

City

State

Zip

I, _____, am requesting a refund from Tate County School District
(Please print your name)

in the amount of \$ _____

for _____
(Field Trip—Ex. 1st grade field trip to the Memphis Zoo)

Parent Signature

Date

Teacher Signature

Date

Principal Signature

Date