

Fleetwood Area School District

Refund Request Form

Type of Refund: *Field Trip* *Activity Fee* *Other* _____

Parent/Guardian Name: _____

Students Name: _____ Grade _____

Address: _____

Phone Contact: _____ Date Check Wrote _____

AMOUNT REQUESTED: _____

Reason for Requesting Refund:

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OFFICE USE ONLY

Account# _____ Vendor# _____

Refund Policies:

- 1. Refund should accompany a copy of your cancelled check.**
2. Refunds are issued once a month and will be mailed the day after each School Board meeting.
3. If the request is received after the monthly School Board meeting that refund will be issued the following month.
4. Refund requests can be emailed to horth@fleetwoodasd.org, mailed to FASD Business Office, 801 N. Richmond St., Fleetwood, PA 19522 or dropped off at the Business Office which is located in the High School/Administration Office. If you have any questions feel free to contact the Business Office at 610-944-8111 Ext. 1200.