



REDLANDS UNIFIED SCHOOL DISTRICT

REFUND REQUEST FORM

Name of Parent/Guardian: _____

Name of Student: _____

School of Attendance: _____ 

Reason for Refund: _____

Amount to be Refunded: _____

Original Receipt Number: _____

Address where Refund is to be mailed: (Please Print Clearly) _____

Street: _____

City: _____ State: _____ Zip Code: _____ 

Signature: _____ Date: _____

(Parent/Guardian or Student)

Please note that this Refund will be processed by the District Office and may take up to 30 days.

School Site Office Use Only

Approved by (Signature) _____ Refund Amount: _____

Please attach to the Requisition for this Refund:

- Copy of the original *Lost Book/P.E. Clothes* payment receipt
- Copy of deposit documentation
- Copy of the District Receipt for the deposit
- Copy of completed Refund Request Form
- Aeries Student Face Sheet