



Summer School Refund Request

To request a refund for a class, please email the following information to gwinnettonline@gcpsk12.org. Refunds will not be given after June 2.

Date: _____

Student Name: _____

Student Number: _____

Course Name: _____

Parent Name: _____

Parent Phone Number(s): _____

Parent Email(s): _____

713 Hi Hope Road | Lawrenceville, GA 30043
(O) 770.326.8082 | (F) 770.326.8064
gwinnettonline@gcpsk12.org