

**BUCKEYE LOCAL SCHOOL DISTRICT**

Refund #

**Refund Request Form**

Date:

Date of initial deposit:

Refund Issued to parent/Guardian:

Student Name:

**\*Check issued to parent/guardian only**

Total Refund:

**Please attach documentation of initial deposit.**

Fund	Receipt	Special cost center	Subject	Oper. Unit	Amount
					\$
					\$
					\$
					\$

REASON FOR REFUND:

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**\*PLEASE ATTACH A COPY OF THE REQUEST FOR REFUND. THE REQUEST MUST BE IN WRITING OR EMAIL.**

INITIATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPV/PRINCIPAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_