PINELLAS COUNTY SCHOOLS

CAREER TECHNICAL ADULT EDUCATION REFUNDS REQUEST

Please print the following information:

CENTER: _____

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

CITY & ZIP: _____

REASON FOR REFUND: _____

_____

TYPE OF FEE: COURSE, TEST, GRADUATION, MATERIALS (CIRCLE WHICH APPLIES)

TOTAL TO BE REFUNDED: _____ DATE ENTERED CLASS: _____

_____ PRICE: _____

SIGNATURE SHEET # OR REGISTER TAPE#: _____

Please sign in appropriate space and enter date: _____

STUDENT'S SIGNATURE _____ DATE: _____

ADMINISTRATOR'S SIGNATURE _____ DATE: _____

COST STRIP: _____