



K-8 Summer Academy & Summer High School 2019 REFUND REQUEST FORM

- A Refund Request Form must be fully completed
- Only a parent or guardian can request a schedule change or refund
- Submit refund form to the AEF office electronically
- A Summer School Administrator must approve request

Please print clearly

AUSD Student ID No.: _____

<i>Student's Last Name</i>	<i>Student's First Name</i>	<i>Middle</i>	<i>Gender</i> F M	<i>Date of Birth</i>
<i>Parent/Guardian's Last Name</i>	<i>Parent/Guardian's First Name</i>	<i>Relationship to Student</i>		
<i>Email Address</i>		<i>Daytime Phone Number</i>		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

<i>Refund requested for the following course(s):</i>	
<i>Reason for submitting refund request:</i>	
<i>Parent/Guardian's Signature</i>	<i>Date</i>

The AEF Refund Policy is applied uniformly. Full refund for tuition-based enrichment classes will only be made for classes cancelled by AEF.

A E F Office Use Only					
Date Adjustment Form Received in AEF Office			Refund Calculation		
◆ On or before May 1, 2019: 90% Refund + \$50 Cancellation Fee					
◆ May 2 to June 3, 2019: 50% Refund (of Total Tuition)					
◆ After June 3, 2019: <small>No refunds; requests will be reviewed for verifiable emergencies or health reasons only.</small>					
Request Received	SS Application #	Form of Payment	Approved Refund Amount	Refund Check #	Date Refund Issued

Refund Approved by: _____ **Date:** _____