

REFUND REQUEST - ACTIVITIES FEE

Parent or Guardian: To apply for refund of activities fee, please complete and return to the office of the School District 318 Activities Director.

1. Students for whom application is being made:

Name	Grade	School Attending	Sport/Activity

2. Name of Parent/Guardian: _____ Telephone: _____

Address of Parent/Guardian: _____

3. Check One:

- Out for season because of injury or illness.
Date of Injury: _____ Doctor Consulted: _____
- Parents moving out of District #318
Date parents are moving: _____
- Cut from squad by coach.
Date cut from squad: _____
- Other, Please Explain:

I HEREBY CERTIFY that all of the information furnished is true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

The information you give on the application is confidential and will be used only for the purpose of determining eligibility for a refund.

(For School Use Only)

Decision:

- Approved
Account Code: _____ Amount: _____
- Denied for the following reason:

Signature - District 318

Date