HCPSS Summer School Student Withdrawal/Refund Form

Student's Name _____ Date of Request _____

Student ID # _____ Home Phone _____

Student's Home Address: _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Email _____

Request Withdrawal from:	☐ MESA	☐ Career Academies	☐ GT Summer Institutes
Course Name:			
Course Number:			

☐ **Withdrawal**		☐ **Program Transfer**
Reason for withdrawal: ☐ Transportation Conflicts ☐ Scheduling Conflicts ☐ No longer need course ☐ Other:		Reason for program transfer:

Parent/Guardian's Signature: _____ Date: _____

Summer Program's Administrator's Signature: _____ Date: _____

For Summer Program Office Use Only: Date Received: _____

Method of Payment	☐ Check Amount _____	☐ Cash Amount _____	☐ Money Order Amount _____	☐ Credit Card Amount _____
Method of Refund	☐ Check	☐ Credit Card		
Amount of Refund	☐ 100%	☐ $50	☐ 20% Administrative Fee	
Notes:				

Refund issued by: _____ Date: _____