

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:	<input type="checkbox"/> MESA	<input type="checkbox"/> Career Academies	<input type="checkbox"/> GT Summer Institutes
Course Name:			
Course Number:			

<input type="checkbox"/> Withdrawal		<input type="checkbox"/> Program Transfer
Reason for withdrawal: <input type="checkbox"/> Transportation Conflicts <input type="checkbox"/> Scheduling Conflicts <input type="checkbox"/> No longer need course <input type="checkbox"/> 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	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card
	Amount _____	Amount _____	Amount _____	Amount _____
Method of Refund	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card			
Amount of Refund	<input type="checkbox"/> 100% <input type="checkbox"/> \$50 <input type="checkbox"/> 20% Administrative Fee			
Notes:				

Refund issued by: _____ Date: _____