

## K-8 Summer Academy **2024 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.:				
Student's Last Name	Student's First Name	Middle	Gender F M	Date of Birth	
Parent/Guardian's Last Name	Parent/Guardian's First Name	Relationship to Student			
Email Address		<i>Daytime Phone Number</i>			
Address	City	State		Zip Code	

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

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

AEF Office Use Only							
Date Adjustment Form Received in AEF Office		Refund Calculation					
• On or before May 1, 2024:							
90% Refund + \$50 Cancellation Fee							
• May 2 to May 22, 2024:							
50% Refund (of Total Tuition)							
<ul> <li>After May 22, 2024:</li> <li>No refunds; requests will be reviewed for verifiable emergencies or health reasons only.</li> </ul>							
Request Received	Form of Payment Cash Check CC	Approved	Refund Amount	Refund Check # CC X	Date Refund Issued		

Refund Approved by: \_\_\_\_\_ Date:\_\_\_\_\_