

## Summer High School 2024 REFUND REQUEST FORM

☐ Only a pare ☐ Submit refu	equest Form must b nt or guardian can r und form to the AEF School Administrate	equest a sched office electror	dule chang nically		d			
Please print clearly AUSD Student					No.:			
Student's Last Name		Student's First Name		Λ	Middle	e Gender L F M		Date of Birth
Parent/Guardian's La	st Name Parent/Guardian's First Name			ame F	Relationship to Student			
Email Address				L	Daytime Phone Number			
Address		City		S	State		Zip Code	
Refund requested for the following course(s):								
Retund 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								
<ul><li>May 2 to May 31, 2024:</li><li>50% Refund (of Total Tuition)</li></ul>								
♦ After May		rgencies or health reaso	ons only.					
Request Received	Form of Pay  Cash Check_		Approved Refund Amo		ount	Refund Check# CCX		Date Refund Issued
Refund Approved by: Date:								