



STUDENT REFUND REQUEST

Please submit this form to SHS in order to obtain a refund.

STUDENT INFORMATION

<i>Student Name:</i>	<i>Grade</i> 9 10 11 12
<i>Email:</i>	<i>Phone:</i>
<i>Parent(s) Name:</i>	
<i>Address</i>	
<i>City, State, Zip:</i>	
AMOUNT REFUND REQUESTED:	\$

REFUND REASON: *please check one*

- School Fees (class drop) Dual Enrollment (class drop)
 AP Exams (class drop or exam cancel request) Athletics (_____)
 Other: _____ **REASON SPECIFICS:** _____

Please fill out below if refund is class related:

<i>Class Name</i>	<i>Drop Date</i>

- **AP Classes Exams:** Refunds for AP Exams are given only if students request to cancel their /ordered exam by the deadline date (March).
- **Dual Enrollment:** DE refunds are given only if students submit the DROP form by deadlines set by Laurel Ridge. Please see your counselor for forms, or to discuss any concerns.
- **General Classes:** Refunds can be requested if you are dropping/changing class. However, refund will only be given if you choose a class without a fee or a lesser fee. If they both have fees and are the same no refund will be issued. It is your responsibility to request a refund when a class change occurs and provide copy of your original paid receipt.

Student Signature: _____ *Date:* _____

Parent Signature: _____ *Date:* _____

Failure to complete the form may result in delayed refund. Refunds will be issued, as a check will be mailed to the student's address, payable to the parent on file. Please allow 7-10 business days to process.

If you paid online at SchoolCash Online, your refund will be credited via the original payment method.

Questions or to submit form: Contact Shasta Haun, Bookkeeper SHS shaun@wcps.k12.va.us

OFFICE USE ONLY

Payment Method SCO CHECK Refund Amount: \$ _____ Staff Initials/ Date: _____