



SCHOOL DISTRICT OF MANATEE COUNTY INTERNAL ACCOUNTS SCHOOL ACTIVITY FEE REFUND REQUEST

Name of School: _____ Date: _____

Student's Name: _____ Grade: _____

I am requesting a refund for _____

Parent/Guardian Name: _____
(the refund will be mailed this address)

Address: _____

By submitting this refund request, I am stating that my child did not participate in the event, extracurricular, or co-curricular activities mentioned above. I understand that my refund request must be approved by the school bookkeeper who will verify the original form of payment and that the company or entity has refunded the payment back to the school. If the activity was paid online via RevTrak, then the refund will be issued through RevTrak.

Parent's Signature

Date

I would like to exercise my option to donate my refund to the school. I understand I cannot ask for my refund in the future (*Please Note: If refunds are not requested by June 30, 2020 - the funds will be considered as a donation to the school*).

Parent's Signature

Date

For Office Use Only

Date Issued _____ Check Number #: _____