



DOVER AREA SCHOOL DISTRICT
Empowering and Educating all learners to shape the 21st Century

REFUND REQUEST FORM

Please submit completed form to the business office or to the main office of the student's building

STUDENT INFORMATION

Student Name: Last _____ First _____

Name of Parent / Guardian: Last _____ First _____

Home Address: Street _____

City _____ State _____ Zip Code _____

Email Address _____ Phone Number _____

Parent / Guardian Signature _____ Date _____

REFUND REQUEST DETAILS

Type of Refund:

- | | | |
|-------------------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Food Service Account * | <input type="checkbox"/> Tuition Payment | <input type="checkbox"/> Lab / Class Fee |
| <input type="checkbox"/> Lost Book Fee | <input type="checkbox"/> Trip Payment | <input type="checkbox"/> Technology Fee |
| <input type="checkbox"/> Other (please specify) _____ | | |

Amount of Refund Requested _____

Reason for Request _____

*** Food Service balances may be donated to the District's Angel Fund to assist families facing financial hardships or transferred to another student. Please indicate below if you choose one of these options:**

- | | |
|---------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Donate to the Angel Fund | <input type="checkbox"/> Transfer to Student _____
<i>(name of student)</i> |
|---------------------------------------------------|--------------------------------------------------------------------------------|

OFFICIAL USE ONLY BELOW THIS LINE

Approved By _____ Date _____

Amount Approved _____