

Request for Refund of Activity and/or Athletic Fees in Excess of the \$250 per Household Cap

(Does **not** apply to registration, lunches, admissions, Backer cards, parking fees, or Driver's Ed behind the wheel)

Parents/Guardians:

Please fill in top half of form completely and return to either the High School Office or the Jr High School Office.

Refund subject to adjustment upon verification of any outstanding amounts owed to district.

Parent Name _____
Address _____
City _____ State _____ Zip code _____
Phone number _____

List names of **all** children enrolled in school in Mahomet-Seymour CUSD #3 including Middletown Early Childhood Center, Sangamon, Lincoln Trail, Jr. High, and High School.

Child' s Name _____	Grade _____
Child' s Name _____	Grade _____
Child' s Name _____	Grade _____
Child' s Name _____	Grade _____
Child' s Name _____	Grade _____
Child' s Name _____	Grade _____
Child' s Name _____	Grade _____

*******This section of form for School use only*******

Instructions to schools: Please fill in the information pertaining to students in your building and forward to the next school to fill in information. When all information is filled in, forward to the Business Office for final processing.

Jr High School

Child' s Name _____	Fee amount Paid _____
Child' s Name _____	Fee amount Paid _____
Child' s Name _____	Fee amount Paid _____

List any other fees still owing to Jr. High by household below:

High School

Child' s Name _____	Fee amount Paid _____
Child' s Name _____	Fee amount Paid _____
Child' s Name _____	Fee amount Paid _____

List any other fees still owing to High School by household below:

*******This section of form for Business Office use only*******

Amount of Refund \$ _____

Signature _____