

# GRAND FORKS PUBLIC SCHOOLS

## ATHLETIC FEE REFUND REQUEST FORM

PLEASE PRINT

Student for whom refund is being requested for

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport \_\_\_\_\_

Out for season because of an injury or illness. Attach Physician Statement. Date of injury \_\_\_\_\_

Parents moving out of Grand Forks School District. Date parents are moving \_\_\_\_\_

Cut from team by coach. Date cut from team \_\_\_\_\_

Other. Explain \_\_\_\_\_

**Grand Forks Public Schools will send your refund via ACH. Please provide the required information below based on the information you used when paying the fee. You will receive an email when your refund has been deposited.**

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

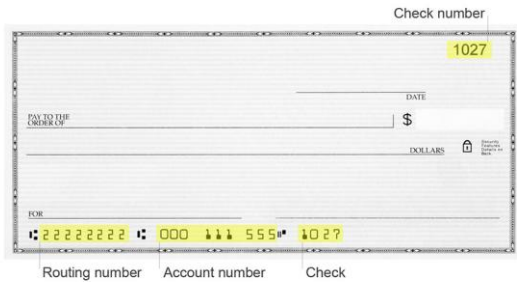
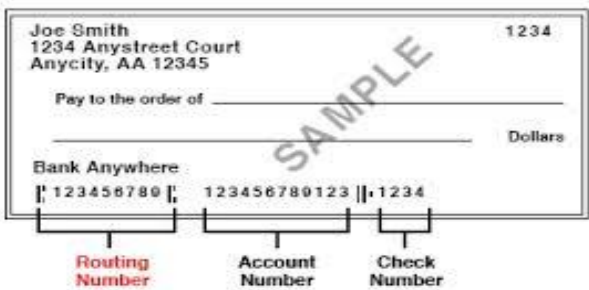
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address for ACH Deposit Notification \_\_\_\_\_

Type of Account:  Checking  Savings Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(9 Digit Number)



I certify that the information provided on this form is correct, and I hereby authorize the Grand Forks Public School District to electronically deposit a refund to the bank account designated above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return form to your child's school.

The information you give on the application is confidential and will be used only for the purpose of determining eligibility for having the athletic fee refunded.

For office use only  
Account code 61. \_\_\_\_\_ .3400.01750.000 Receipt number \_\_\_\_\_ Refund amount \$ \_\_\_\_\_

Approved  Denied \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director