

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 _____

Original form of Payment

My School Bucks Website or My School Bucks App. Sign and date below

Paid by check, cash or money order. Complete section below for refund via ACH and sign

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 _____

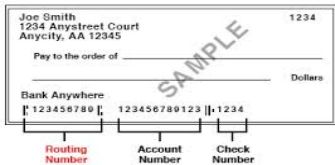
City _____ State _____ Zip _____ Phone _____

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 process a refund to the account on file with My School Bucks or 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