

HOWARD COUNTY PUBLIC SCHOOL SYSTEM

STUDENT WITHDRAWAL/REFUND FORM

Student's Name _____ Date _____

Parent/Guardian's Name _____

Home Address - Street _____

City _____ State _____ Zip Code _____

Check one: Elementary Middle High

Course for Withdrawal/Refund: _____

For high school courses only Please check one:		
<input type="checkbox"/> Review Course	<input type="checkbox"/> Original Credit Course	<input type="checkbox"/> Non Credit Course

Method of payment?

Cash Check Money Order Check/Money Order #: _____

Master Card Visa Charge Card Number _____
Expiration Date _____

Amount of payment _____

Amount of refund _____

Reason for refund: Student transferred from Original Credit to Review
 Elementary/Middle Student dropped a course
 Other: _____

Parent/Guardian's Signature: _____

Summer School Principal's Signature: _____

For Office Use Only: Method of Payment Check _____ Cash _____ Money Order _____ Charge _____

Method of Refund: Direct Payment # _____ Date _____ Check Returned _____ Date _____

Amount of Refund: \$ _____ Note: _____