



CLUB C.U.S.D. Credit/Refund/Program Change Request Form

Student's Name: _____ School: _____

Name of Course: _____ Course #: _____

Start Date of Class: _____ Cost: \$ _____

Vendor: _____ Parent Telephone Number: _____

Due to cancellation, please (select one):

Credit my account.

Refund (All funds are non-refundable. **However, if you are faced with an extenuating circumstance and request a refund, your account will incur a \$25 processing fee if the refund is approved PER CLASS.** This applies to any refund issued except for canceled classes. (Please allow 7-14 business days to process refund requests.)

Program change request:

Transfer my child to the course below (course number/vendor).

NEW COURSE NAME: _____

COURSE #: _____ START DATE: _____ COST: _____

NOTES:

Parent/Guardian: _____ Date: _____

EMAIL TO ENRICHMENT-PROGRAMS@cusd80.com

Date Faxed: _____ Date Submitted to Accounting Staff: _____

*Remind parent their request will be process in 7-14 business days. If they do not notice the changes on their account, please contact the accounting office.