

Coppell Independent School District

Summer School Refund Request

Last name of Student: _____ First: _____

Student ID#: _____

The following must be completed by the person that made payment. If paid by check the refund will be issued to the person who wrote the check and mailed to the address on the check.

Last name of payee _____ First _____

Street _____ Phone _____

City _____ Zip Code _____

Reason for refund _____

Method of payment for Registration:

- Personal Check Check # _____
- Cash
- Credit Card

Please attach a copy of your registration receipt as well as a copy of the cancelled check or credit card receipt. All refund requests should be submitted no later than July 15, 2010 to Tim Watson at CHS, 185 West Parkway Blvd., Coppell, TX 75019. Email: twatson@coppellisd.com

For Office Use Only

Refund Approved Denied Amount \$

Staff Signature _____

Printed Name of Staff _____