



EDMOND PUBLIC SCHOOLS

Refund Request from Account Balance

Student: _____
ID Number First Name Last Name

The student listed above has an activity fund credit balance being held by Edmond Public Schools, which occurred due to the school closure beginning in March 2020. I have reviewed the account and agree that my prepayment was for goods/services/experiences not received and I am entitled to a refund. I understand that all unpaid fines will be paid from this credit balance prior to a refund check being processed. I would like a refund of the amount listed on the above student account as follows:

Refund Entire Balance? Yes No If no, amount of request: _____

***If you would like to donate your credit balance, please write "DONATE" as the payee below, sign and date the form, and your credit balance will go be donated to the student's current school of attendance. Your donation will be processed and a receipt sent to you for your records. Thank you!*

Check to be issued to: _____

Mailing Address: _____

City, State, Zip: _____

By signing below I certify that I am financially responsible for the student named above, and that this refund cannot and will not be claimed by any other parent or guardian. I also certify that the address information listed above is correct.

Parent/Guardian: _____
First Name Last Name Phone Number

Parent/Guardian Signature: _____ Date: _____

Business Office Approval: _____ Date: _____

Send completed form to:
jeanise.wynn@edmondschools.net
or
Edmond Public Schools
Attn: Jeanise Wynn - Business Office
1001 W. Danforth Rd.
Edmond, OK 73003

Internal use ONLY:
 Student account ledger attached _____
 Name/address verified in Infinite Campus _____
 Vendor setup (Type: Refund only) # _____
 Check processed # _____