



## 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.