

Activity Programming Fee Refund Request Form
The request needs to be made by May 31st of the current school year

Student's Name: _____ Student ID: _____

Parent's/Guardian's Name: _____

Address: _____

- 6th Grade Student (Refund is \$25)
- 7th Grade Student (Refund is \$55)
- 8th Grade Student (Refund is \$90)
- High School Student (Refund is \$135)

School Attended

By submitting this refund request, I am stating that my student did not participate in any of the activities listed below. I understand that my refund request must be approved by the principal of my student's school who will verify whether or not my student participated in an activity supported by the activity program fee.

Parent's/Guardian's Signature: _____ Principal's Signature: _____

High School Activities

Academic Decathlon	Gymnastics	Senior Class Activities
Baseball	Instrumental Music	Soccer – Boys
Basketball – Boys	Jazz Band	Soccer – Girls
Basketball – Girls	Junior Class Activities	Softball
Broadcast Technology	KAYS	Sophomore Class Activities
Categories	Leo Club	Student Council
Cheerleading	Literary Magazine	Swimming & Diving – Boys
Concert Band	Marching Band	Swimming & Diving - Girls
Cross Country – Boys	Music Clubs	Tennis – Boys
Cross Country – Girls	National Art Honor Society	Tennis – Girls
Debate	National Honor Society	Theatre
Drama	National Forensics League activities	Thespians
Drill Team	Newspaper	Track – Boys
Football	Orchestra	Track – Girls
Forensics (including Student Congress)	Pep Band	Vocal Music
Freshman Class Activities	Performing Arts	Volleyball
Future Business Leaders activities	Plays and Musicals	We The People activities
Future Teachers Association	Prom/Prom Coordination	Wrestling
Golf – Boys	Quill & Scroll	Yearbook
Golf – Girls	Repertoire Theatre	All events that require extra duty supervision

Middle School Activities

Band (7 th & 8 th grade)	Football	Student Council
Basketball	Musicals	Track
Cheerleading	Newspaper	Volleyball
Choir (7 th & 8 th grade)	Orchestra (7 th & 8 th grade)	Yearbook
Drill Team	Plays	All events that require extra duty supervision

Bookkeeping Use Only: Amount paid: _____ Bookkeeper Initials: _____ CC: _____ CK: _____

Secondary Reference # _____ Fund # _____ Reimb Descrp _____

PEID _____ District Approval: _____