



BLACKBAUD TUITION Parent Refund Request

Special requests require the review and approval from the Tuition Management office (TMO)

School Information

School Name: _____ Catholic School Region: _____

Student Information

Blackbaud Family ID# _____ Phone: _____

Parent Name: _____

Student Name: _____ Grade: _____

Address*: _____

**Refunds are issued to the original method of payment.*

Reason for Refund

_____ **Withdrawn** _____ **Overpayment** _____ **Other** (Describe Below)

If Withdrawn:

Has the *Blackbaud* tuition account been updated? ___ Yes ___ No *Last date child attend class:* _____

Has *TADS Enrollment* been updated? ___ Yes ___ No *Has TADS Educate* been updated? ___ Yes ___ No

Description (PLEASE NOTE: \$40 Blackbaud Admin Fee is non-refundable)	Amount
Refund Request Amount	\$ _____
Refund Amount Approved	\$ _____

Withdrawal Date	Annual Tuition Obligation
September	80% Tuition Forgiven; 20% Family Obligation
October	70% Tuition Forgiven; 30% Family Obligation
November	60% Tuition Forgiven; 40% Family Obligation
December	50% Tuition Forgiven; 50% Family Obligation
January	40% Tuition Forgiven; 60% Family Obligation
February	30% Tuition Forgiven; 70% Family Obligation
March	20% Tuition Forgiven; 80% Family Obligation
April	10% Tuition Forgiven; 90% Family Obligation
May	No Adjustment; 100% Family Obligation
June	No Adjustment; 100% Family Obligation

Approved by School Principal: _____ Date: _____

Approved by TMO Tuition Billing Coordinator: _____ Date: _____

Approved by Director of TMO: _____ Date: _____