



Parent Registration Refund Request – TADS

Registration Fees are non-refundable except through special requests.

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

___ Duplicate Payment ___ UPK Enrollment

___ School Cannot Accommodate Student ___ Other (Describe Below)

Description	Amount
Refund Amount Approved	\$

If Withdrawn:

Has TADS Admission/Enrollment Status been updated? ___ Yes ___ No

Has TADS Educate Status been updated? ___ Yes ___ No

Approved by School Principal: _____ Date: _____

Approved by TMO Tuition Billing Coordinator: _____ Date: _____

Approved by Director of TMO: _____ Date: _____

For Office Use Only:

Date Paid: _____ Amount: \$ _____ Type: CC Check

School TADS ID: _____ Registration ID: _____ Billing Acct#: _____ Invoice # _____

Date received: _____ Date sent: _____ Date processed: _____ Initials: _____

Refund Fee charge: _____ Arch _____ School _____ Parent _____