CATHOLIC SCHOOLS *in the*
ARCHDIOCESE *of* **NEW YORK**
Faith-Based. Future-Focused.

FACTS Tuition Management Parent Refund Request
Special requests require the review and approval from the Tuition Management office (TMO)

School Information

School Name: _____   Catholic School Region: _____

Customer Information

Customer ID: _____   Phone: _____

Customer Name: _____

Student(s) Name: _____   Grade: _____

Address*****: _____

*Refunds are issued to the original method of payment.

Reason for Refund

_____**Withdrawn**   _____**Overpayment**   _____**Other** (Describe Below)

If Withdrawn:
Has the payment plan been updated? ____Yes _____No   *Last date child attend class*: _____
Has *SIS* been updated? ____Yes ____No

Description (PLEASE NOTE: $50 Enrollment 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 Associate Director of TMO: _____   Date: _____