



## Parent Registration Fee Refund Request – FACTS

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

School Name: \_\_\_\_\_ Catholic School Region: \_\_\_\_\_

Student(s) ID# \_\_\_\_\_ Phone: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Address\*: \_\_\_\_\_

Reason for Refund

\_\_\_\_ Duplicate Payment \_\_\_\_ UPK Enrollment

     School Cannot Accommodate Student      Other (Describe Below)

|                    |      |        |        |
|--------------------|------|--------|--------|
| Refund Fee charge: | Arch | School | Parent |
|--------------------|------|--------|--------|