COBB COUNTY SCHOOL DISTRICT
HIGH SCHOOL SUMMER PROGRAM REFUND REQUEST

This form must be completed on or before June 14, 2018 and submitted to:

Courtney Courtney
Cobb County School District
514 Glover Street
Marietta, GA 30060
Fax: (678) 594-8581

ATTACH PROOF OF PAYMENT!
Refunds will not be accepted after June 14th for ANY reason. Refunds will be mailed to the address provided below on July 1st. Please print legibly to ensure the refund is not delayed.

Student Name_____Date of Request_____

Receipt Number_____ Cobb County Student ID #_____

Home School_____

Make refund payable to:

PLEASE PRINT

_____
Name of person who paid for Summer School

_____
Street # Street Name City State Zip Code

_____
Reason for refund

-TO BE COMPLETED BY SUMMER SCHOOL OFFICE-

Amount to be refunded_____

Completed by_____ Date_____