

Student Name: _____

ID number: _____

Amount Paid: _____

A refund of the summer school fee is available upon **successful completion** of the course.

Please indicate below where the refund should be directed:

Picked up at the district office by:

Name (first last): _____

Phone number: _____

Mailed to:

Name (first last): _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent Signature: _____ Date: _____

Note: if you are picking up the money it will be available at the HSD Administration Center, 3083 NE 49th Pl, Hillsboro, 97124, between 8:00am-5:00pm on schools days. Please allow a few weeks after the conclusion of summer school.

Cut on dotted line

Cut on dotted line

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Keep for personal records

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