

## **NEWCASTLE PUBLIC SCHOOLS**

## **Refund Claim Form**

General Information:		
Amount of Refund:	\$	Date:
Reason for Refund:		
Student Name (if applicable):		
Refund Made Payable To:		
Name:		
Address:		
City/State/Zip:		
I hereby state that I have full knowledge of the above and foregoing claim and		
that said amount	is just, correct and accor	ding to law.
Signature:		
Account Information:		
I hereby approve the refund as described above.		
Account Name:		
Printed Name:		
Signature:		
Business Office:		
PO#:	Date:	Warrant#: