Holton Unified School District

Refund Request Form

Please complete all the information below. Complete one form for each student for which you are requesting a refund.

STEP 1: PATRON INFORMATION			
Student Name	Parent Name		
Email	Phone	O Cell	O Other
Address		Suite/Apt #	
City, State and Zip:			
STEP 2: REFUND DETAILS			
Refunds will be made at 100% for fees pand After School Care for March, April at	-	lasses for March, April and Ma	ay and Before
Refunds will be made at 60% for 2nd Sem	lester Snack Fees and 2nd Semester Trai	nsportation.	
Refunds will be made for food service m account and will carry over to next school will be handled at the District Office and	ol year. Please Note: Request for refur	nds from your student's food s	
Please indicate the fees you are requesti	ing reimbursement for.		

Refund Request Form

STEP 3: AUTHORIZATION

By signing below, I confirm that:

1. I am the parent or guardian that paid the fees that are being submitted for refund.

2. USD 336 or its employees may contact me to request further clarification or information before my refund is processed.

Signature 1 Date (Day / Month / Year)

STEP 4: SUBMIT FORM

Please return this form by mail or fax to the school where each child attends:

Holton High School Holton Middle School Holton Elementary School

901 New York Ave 900 Iowa Ave 812 W 5th St

Holton, KS 66436 Holton, KS 66436 Holton, KS 66436

785-364-5360 785-364-5460 785-364-4844

Your refund will be mailed to you at the address you provide. If your address is different than we have in our system we will call for verification. Please allow 14 days for your refund to be processed. Refunds from the food service program could take longer to process.

