

PAXTON-BUCKLEY-LODA CUSD#10

BOOK RENTAL REFUND REQUEST

DATE _____ SCHOOL _____

AMOUNT \$ _____

REFUND CHECK FOR: _____

STUDENT(S) NAME(S): _____ GRADE _____

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

PARENTS NAME/ADDRESS: _____

LAST DAY OF ATTENDANCE: _____

PRINCIPAL SIGNATURE: _____



(for office use only)

Date request received _____

Check Number _____ Amount of Check \$ _____

Date Check Mailed _____