



# Arcadia Unified School District Transportation Refund Form

## Student Information:

Student Last Name	Student First Name	Student E-mail	Class of	ID #:
Parent (1) Last Name	Parent (1) First Name	Parent (1)E-mail	Parent (1) Phone #	
Parent (2) Last Name	Parent (2) First Name	Parent (2)E-mail	Parent (2) Phone #	
Street Address		City	State	Zip
Team/Organization		Coach/Advisor	Last Day of Participation	

## Check to be Issued To:

Payee Last Name	Payee First Name	Payee E-mail	Payee Phone #
Street Address		City	State Zip
<i>x</i>	Date	<i>x</i>	Date

*Parent (1 or 2) Signature  
Required for ALL Students regardless of age*

<b>Office Use Only</b>	
<i>Date Received</i>	<i>Date Processed</i>
Amount of Refund: \$ _____	<input type="checkbox"/> 100 % - Prior to 1 <sup>st</sup> Contest <input type="checkbox"/> 60% - Prior to 1 <sup>st</sup> League Game <input type="checkbox"/> 0% - After League Begins
<i>x</i>	<i>x</i>
Coach/Advisor's Signature	Athletics/ASB Director Signature

<b>ASB Office Use Only</b>	
<i>Account #</i>	<i>Blanket P.O. # B1057</i>
<i>x</i>	<i>x</i>
ASB Treasurer's Signature	ASB Accountant's Signature