

Consolidated High School District 230 Debit Card Refund Request Form

Date _____
Student's Name _____
Student's ID _____
School _____
Parent's Name _____
Address _____
City, State, Zip _____
Reason _____

Parent Signature _____

Please note that the refund check will be made payable to the parent's name and mailed to the address given to us above.

Send the completed refund request form to the attention of Mary Morgan at Carl Sandburg High School, 13300 S. LaGrange Road, Orland Park, IL 60462. Ms. Morgan can be reached at (708) 671-3173.