

In order to process your refund, please complete the form below. Please be aware that the processing time for a refund is 6-8 weeks. No digital signatures will be accepted, so please print out the form and handwrite your signature.

eCampu	s Virtual	n School	Request for Refund Form			
Student Name: First:		Last:			M.I.:	
ID:	Grade:	Semester: Fall Spring Summer			Year:	
Current PUSD School:						
Parent Name:			Parent Email:	Parent Email:		
What form of payment was used? Cash Check Credit/Debit Did someone other than parent name listed above make payment? Yes No If yes, who?						
Where was payment made? online via ParentVUE District Administration Center						
I am requesting a refund for the following eCampus course(s):						
Name of eCampus course				Name of teacher		
	t to cshinske@pusd11.		ndivil@pusd11.net 0 N. 83rd Ave., Peoria, <i>I</i>	AZ 85345		
Parent/Guardian ((Print) P	arent/Guard	lian (Signature)		Date	