

OKLAHOMA CITY PUBLIC SCHOOLS
Request for Refund

(1) Parent Name	(2) Student Name	(3) Date of Request
(4) Mailing Address (street, city, state, zip)		
(5) Cost Center	(6) Revenue GL	(7) Amount

Reason for Refund

Parent Signature / Date

Office Use Only

Secretary Signature / Date

Principal Signature / Date

Send to: acctspayable@okcps.org