



Collinsville Community Unit School District No. 10

201 West Clay Street • Collinsville, Illinois 62234 • 618-346-6350 • Fax 618-346-6357

STUDENT INSTRUCTIONAL MATERIAL FEE REFUND FORM

A parent/guardian may request a pro-rated book rental refund if a child moves out of the Collinsville Community Unit School District during the school year. All items on this form must be completed.

Requests MUST HAVE the signature of the building principal. Incomplete forms will not be processed.

Student's Last Name	First Name	Middle Initial
Grade Level	School	
Parent/Guardian Full Name		
Parent/Guardian Street Address	City, State & ZIP	
FORWARDING Street Address	City, State & ZIP	
Collinsville School District Enrollment Date	Withdrawal Date	
PRINCIPAL'S SIGNATURE (REQUIRED)	Date	

Completed, signed forms should be delivered or mailed to:

Collinsville Community Unit School District No. 10
Office of Business Affairs
201 West Clay Street
Collinsville, IL 62234

Refund Amount

Office of Business Affairs Use	
Amount of Book Rental Paid	_____
Amount of Refund	_____
Account No.	_____
Refund Date	_____