

# Return of Deposit Form



I am requesting the return of my deposit for the enrollment of

\_\_\_\_\_

(child's name)

whose last day of school will be \_\_\_\_\_. I understand that as a result of receiving my  
(date)

returned deposit, The New Century School will not reserve a spot for my child to attend the school.

Signed,

\_\_\_\_\_

(parent/guardian signature)

\_\_\_\_\_

(parent/guardian printed name)

\_\_\_\_\_

(date)

Requests will take 6-8 weeks to process. The refund check will be made out to the primary parent/guardian name in FACTS. Refund checks will be mailed unless otherwise instructed. All pending balances must be cleared before a refund is issued. The deposit may be applied to an account balance or held until all accounts are cleared.

Please provide the address where you'd like the check to be sent.

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_