



12025 NE 5<sup>th</sup> ST, Bellevue, Washington 98005 / P.O. Box 90010, Bellevue, Washington 98009-9010

## Request For Refund of OIP Transportation Fee

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### REFUND INFORMATION

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I am applying for a Refund of the Optional Instructional Program Transportation Fee.

I understand that my refund will be for whole unused months.

Please make the refund payable to:

Name

*First*

*Middle*

*Last*

Street Address

City-State-Zip

Home Phone

( )

Work Phone

( )

Student's School

Student's Legal Name

*First*

*Middle*

*Last*

\_\_\_\_\_

Last day to ride the school bus

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**Submit form to school main office (Please Print Legibly)**

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### DATE VERIFICATION

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This is to verify that \_\_\_\_\_ will be the last day riding the Spanish Immersion bus to school.  
(date)

\_\_\_\_\_

School (Optional Instructional Program)

\_\_\_\_\_

Original Receipt Number

\_\_\_\_\_

Signature of Office Manager

\_\_\_\_\_

Date

School main office - Submit original to accounting, copy to parent