



Summer School Refund Request

To request a refund, please email the following information to gwinnettonline@gwinnett.k12.ga.us. All requests **MUST** be made by **JUNE 10, 2019**.

Date—Must be by **June 10, 2019**: _____

Student Name: _____

Student Number: _____

Course Name: _____

Amount to be Refunded: _____

Parent Name: _____

Parent Phone Number(s): _____

Parent Email(s): _____