SHREWSBURY PUBLIC SCHOOLS

FY25 BUS TRANSPORTATION REFUND REQUEST FORM

PLEASE NOTE: No refund requests will be accepted after August 27, 2024 and mailed requests must have a postmark of August 27, 2024

Today's Date:	5 SCHOOL BUS	Approved by April Yu:
Student Name:		
	OR Private School attending:	
Method of Payment:		
Check Money Order,	/Cash On line CC -School Pay	
Reason for refund request:		
	Account 232332-484000	
	Amount of refund requested: \$	
Person's name you would like u	us to make check payable to:	
Address to mail check to:		
Contact person's telephone nun	nber:	
Signature:		
Please return original signed fo	rm via US Mail to SPS, 100 Maple Ave, Shrewsl	oury, MA 01545 Attn: April Yu
	he Town Hall, 100 Maple Ave, Shrewsbury, MA in order to process. <mark>Email copies are not accep</mark>	
Please allow up to 2 weeks for p	processing of your refund. Late fees will not be	refunded.
	ES AND REGULATIONS – Payments are non-refue first day of the new school year (August 27, 2	
Request Received in Central Offi	ice: Processed for pay	ment:
Power School Updated:	AA has been notified student no longer nee	ds busing:
Proof of payment attached:		