



Avant Garde Academy

Refund Request Form

Please complete form and provide proof of payment or cash receipt.

Refunds will not be processed without a complete form and proof of payment

Email completed form & proof of payment/lunch balance businessmanager@agabroward.org

Student's Name _____

Student's ID _____

Parent's Name _____

Grade _____

Mailing Address _____

Phone No. _____

Reason for Refund _____

Amount of Refund \$ _____

_____ Meals

_____ Field Trip

_____ Activity

_____ Other

Parent's Signature _____

Received by _____