

## 2022-2023 ETRITION REFUND REQUEST

Please keep this sheet for your information

To check your child's current account balance, visit your EZSCHOOLPAY account.  
If you do not have one, HOW TO instructions can be found on the NVMS website under 2022-2023SY.

### **\*DO NOT\* FILL OUT THE ATTACHED REFUND FORM IF YOUR CHILD IS:**

- ✓ **Returning to Niu Valley Middle School.** Any remaining balance in their lunch account at the end of the current school year will carry over into the following school year.
- ✓ **Leaving Niu Valley Middle School but attending another Hawaii DOE school.** Your child's account will automatically be transferred to their next school (auto-transfer does not apply to Charter schools). If this information changes after the last day of school, please apply for a refund as instructed below.

### **YOU \*WILL\* NEED TO FILL OUT THE ATTACHED REFUND FORM IF:**

- ✓ **Your child is leaving Niu Valley Middle School and attending a NON-HIDOE school (includes Charter schools).** Please notify the Registrar of your intentions and submit a Withdrawal Request. Processing your child's documents for enrollment into their next school takes approximately 7-10 days, so plan accordingly. The earlier you submit your Withdrawal Request the better. Requests received May through July will be processed in late July; we will call you when your refund is ready for pick-up.
- ✓ **Your child is moving from the State of Hawaii** (see instructions above). Including the date you are leaving Hawaii is essential to ensure your refund is received prior to departure, especially if you are moving to a foreign country.
- ✓ **You would like to transfer the account balance to siblings currently attending NVMS, OR incoming siblings attending Niu Valley Middle School in the 2022-2023 school year.** We are unable to transfer balances to other schools.
- ✓ **If you are not interested in receiving a refund,** please consider making a donation to NVMS by selecting the appropriate box on the form along with your signature. No donation is too small and we thank you for your kind and generous consideration. We have three donation categories to select from:
  - a. **School Activity Fund:** This fund is used for co-curricular activities that typically takes place outside the formal class period and are not required for class work or credit.
  - b. **Laulima Fund** (Many hands working together): This fund assists struggling and underprivileged students and/or families, enabling them access to enriching experiences by providing supplies or event fees.
  - c. **Lunch Recovery Fund:** To assist students with special circumstances to purchase a single federally funded school lunch.



**IMPORTANT! If you have set-up the auto-pay feature on your EZSCHOOLPAY account please disable that feature when submitting your refund form.**

### **PROCEDURE TO SUBMIT FORM AND REFUND PICK-UP:**

- ▶ Complete one form per student. Don't forget to sign the form.
- ▶ We will call you when your refund is ready for pick-up at the Office.
- ▶ Processed refunds will be held for pick-up 30 calendar days from date of availability.
- ▶ Receipt of cash refunds requires a signature and proof of identification. Balances of more than \$20 requires a parent's signature. If your child is picking up the refund, please make sure they bring their student ID with them.

If you have any questions, feel free to call our Meal Clerk at 377-2440 ext 310

Information may be subject to change

This institution is an equal opportunity provider

DO NOT WRITE IN THIS SPACE

FILE COPY

**2022-2023 ETRITION REFUND REQUEST**

If your student is transferring to **ANOTHER HIDOE SCHOOL**, you **DO NOT** need to fill out this form.  
If you are requesting a refund, we will contact you when it becomes available with the contact information provided below.

STUDENT	GR	ADVISORY	SCHOOL PIN NO.	LAST DAY OF SCHOOL
Reason student is withdrawing from school (Check one)	<input type="checkbox"/>	Moving out of state to: _____		DATE MOVING OUT OF STATE
	<input type="checkbox"/>	Transferring to a <u>Non-HIDOE</u> School in the state of Hawaii		NAME OF SCHOOL
	<input type="checkbox"/>	Other _____		

**SELECT ONE:**

- 1.  REFUND BALANCE OF ACCOUNT
- 2.  TRANSFER BALANCE TO A SIBLING at NVMS  
STUDENT NAME \_\_\_\_\_ GRADE for 2022-2023SY \_\_\_\_\_
- 3.  DONATION TO THE SCHOOL (Please select one):
  - 3a  Student Activities Fund: Used for co-curricular activities outside the classroom not required for class work or credit.
  - 3b  Lualaba Fund: Assists struggling and underprivileged students with supplies or event fees.
  - 3c  Lunch Recovery Fund: Assists students with special circumstances to purchase a single federally funded school lunch.

DATE	SIGNATURE OF PERSON REQUESTING REFUND / Relationship to Student	PHONE CONTACT
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EMAIL ADDRESS

**REFUND RECEIVED**

*\*ID must be presented prior to receipt of refund\**

**Refunds of more than \$20 must be signed for by a PARENT/GUARDIAN ONLY**

RECIPIENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME/Relationship to Student \_\_\_\_\_

Process Date: \_\_\_\_\_  Cash Account Balance: \_\_\_\_\_  
SOH STUDENT ID NO. \_\_\_\_\_

<input type="checkbox"/>	PO#	WR #	Receipt #
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Check No.

PO#

WR #

Receipt #

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06/29/22