



Chesapeake Math & IT Academy Charter School
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Mr AG - Ali Gurbuz
Principal

CMIT/CLF REIMBURSEMENT FORM

I would like to request reimbursement for _____
in the amount of \$ _____.

Reason for refund _____.

I understand the process will take 14 to 21 school days and that the
reimbursement check will be mailed to our home address listed below.

Chesapeake Lighthouse Foundation reserves the right to cancel this refund.

Name of the parent: _____

Parent's signature: _____ Date: _____

Name of the student: _____ Date: _____

Home Address _____

City, State and ZipCode _____