Date:		

Dear Parent or Guardian,

We hope this letter finds you and your family safe and healthy!

We are writing you because your student registered and made payments in connection with a field trip. Due to the COVID-19 pandemic and consequent closure of Fairfax County Public Schools for the remainder of the 2019-2020 school year, your student's field trip was cancelled.

All FCPS field trips are subject to an expressly stated "no refunds" condition, as set forth in the registration materials for your student.

That said, FCPS nevertheless is attempting to contact and work with travel brokers and vendors to obtain reimbursements based on the extraordinary circumstance presented by the existing global pandemic.

You should know that the terms for any possible reimbursement are subject to contracts with travel brokers and vendors, as well as their solvency. To the extent we are able to obtain reimbursements, such amounts may not cover all fees paid to date. Any reimbursements will be subject to FCPS's actual receipt of funds. While we cannot offer any assurance that our efforts to obtain reimbursements will be successful, we are trying. It is our intent to pass along any amounts received by FCPS, which may result in partial reimbursement, if any.

If you wish to request a refund, you must do so in writing by completing the attached Refund Request form and emailing it to . You also have the option to donate your reimbursement amount to your student's school. If you paid for the field trip through the online program My School Bucks ("MSB"), any reimbursement will be credited to your account through MSB. If you paid by cash or check, we will issue and mail a refund check to the address set forth on your Refund Request form.

All refund requests must be received no later than in order to receive a reimbursement. If we do not receive your written request by this date, we will assume that you would like to donate the funds to

We sincerely appreciate your support,

Field Trip Refund Request

ield Trip Name/Destination:
eld Trip Date:
tudent Name:
tudent ID:
mail:
hone:
haperone Name (if applicable):
arent/Guardian Name (check will be
ade out to this person):
ailing Address for reimbursement:
I do not wish a refund and would like to donate this to the school.
Parent/Guardian Signature Date