

## INTERNATIONAL STUDENT REFUND AND WITHDRAWAL FORM

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

### STUDENT DETAILS

Student code:		Title:	
Family name:		Given names:	
Date of birth:	Age:	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/>	
Home address:			
City:		State/Province:	
Country:		Postcode:	
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)	
Email:			

### WITHDRAWAL COURSE DETAILS

Course you wish to withdraw from:	
Last date you will attend class:	
Please explain the reason you wish to withdraw and/or seek a refund (Please attach evidence to this form)	

### REFUND DETAILS

If you are entitled to a refund, we will transfer the payment to you after the withdrawal is finalized.

Please indicate if the transfer is to you or a third party's account, in case if there is any refund.

- Self (Parent/Guardian)
- Third party (please note payments cannot be made to education agents)

Title:	Name:	Relationship with Student:
Home Address (if different from student address):		
City:	State/Province	
Country:	Postcode:	
Mobile telephone number:		
Email:		

### REFUND PAYMENT TYPE

- Electronic funds transfer (Australian bank account)  
 International money transfer (Overseas bank account)

Electronic funds transfer	
Account Holder's Name:	
BSB Number:	Account Number:
Bank Name:	
Bank Address:	

International money transfer	
Account Holder's Name:	
SWIFT Code:	Account number:
IBAN (if applicable):	IFSC (if applicable):
Bank Name:	
Bank Address:	
Bank Phone Number (include country and area code):	

### DECLARATION

If the refund method selected is via a third party, I accept that by signing this form I have authorised AngliSchools International to pay my refund payment to the third-party account holder as specified on this form.

[anglischools.edu.au/international](https://anglischools.edu.au/international)

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Legal Entity: The Anglican Schools Commission (Inc.) ABN 85 336 233 269 | ABRN 646 760 910 Western Australia

Anglican Schools Commission (Inc) CRICOS Provider Code 03547G (WA) and 03801J (NSW)

Alexander Language School Pty Ltd CRICOS Provider Code 00057E

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I accept that any fees owing to AngliSchools International will be deducted from any refund payable.

I declare that the information on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund.

I hereby acknowledge that this refund application will be processed in accordance with the AngliSchools International's Refund Policy, which I have read and understood.

Student Name	Signature
Date	

Parent/Guardian Name	Signature
Date	

**Please send your completed form to:**

Admissions Office  
Level 6/10 William Street, Perth Western Australia 6000  
E: [admissions@anglischools.edu.au](mailto:admissions@anglischools.edu.au)

OFFICE USE ONLY	
Approved by Principal	Name
Sign	Date
Approved by AngliSchools International Director	Name
Sign	Date