

## INTERNATIONAL STUDENT WITHDRAWAL and/ or REFUND FORM

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

STUDENT DETAILS	
Student ID:	Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr
Family Name:	First Name:
Date of Birth (DD/MM/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:	Nationality:
Address in Australia:	
Mobile Number (Inc country code):	Student's Email:
PARENT/GUARDIAN DETAILS	
Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr	Relationship to Student:
Family Name:	First Name:
Mobile Number (Inc country code):	Email:
COURSE DETAILS	
Current School:	
Current Year Grade:	
Last date you will attend class:	
Withdrawal and / or Refund Reason: <b><u>(Attached supporting documents as required)</u></b>	

## 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 there is any refund.

Self (Parent/Guardian)

Third party (Please note: payments cannot be made to education agents)

Title:  Miss  Mrs  Ms  Mr

Family Name:

First Name:

Relationship to Student:

Mobile Number (Inc country code):

Email:

## REFUND PAYMENT

Electronic Funds Transfer (Australian bank account)

Account Holder's Name:

BSB Number:

Account Number:

Bank Name:

Bank Address:

International Money Transfer (Overseas bank account)

Account Holder's Name:

Account Number:

SWIFT Code:

IBAN (if applicable):

IFSC (if applicable):

Bank Name:

Bank Address:

Bank Phone Number (Inc 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.

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:

## OFFICE USE ONLY

Approved by Principal

Name:

Signature:

Date:

Approved by Director of AngliSchools International

Name: Peter Byrne

Signature:

Date: