



St. John's Academy
 395 West Broadway, Vancouver BC, V5Y 1A7
 Tel: 604-683-4572

Student Refund Request Form

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

Graduated, Term (Dec/Apr/Aug), Year _____

Permanent Withdrawal

A. REFUND

Tuition* Amount: \$ _____

Textbook Deposit

Locker Deposit

Other (Please specify: _____)

*Students must be eligible to graduate (indicated in Ministry of Education) in order to request the refund. Tuition refunds are subject to the policies set by St. John's Academy. All eligible refunds will be made payable by cheque or otherwise indicated. The normal processing time for refunds is **4 weeks**. The office will notify you when the cheque is available for pick up.

B. PAYMENT METHOD

Cheque

Pick Up

By Mail (\$5 surcharge)

Please fill out the following:

Cheque Payable to (please write full legal name): _____

Mailing Address: _____

Wire Transfer (\$30 Bank Fee for International Wire only)

Please fill out your bank information below in English

Account Holder's Name: _____

Account Holder's Address: _____

Account Number: _____ Branch Number: _____

Bank Name: _____

Bank Address: _____

Swift Code (for International Wires ONLY): _____

Student's Signature: _____ Date: _____

For Office Use Only

Notes:

Checked by: _____
 Accountant

Date: _____

Approved by: _____
 Principal

Date: _____

Approved by: _____
 Director

Date: _____