



Student Refund Request Form

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

A. REFUND

Tuition* Amount: \$ _____

Incidental Fee Amount: \$ _____

Other (Please specify): _____

*Tuition refunds are subject to the policies set by St. John's Academy Shawnigan Lake. 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

E-Transfer (Local Bank Only):

Email Address: _____

Cheque (Please fill out the following): Pick up by Mail

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: _____ Transit: _____ Branch Number: _____

Bank Name: _____

Bank Address: _____

Swift Code (for International Wires ONLY): _____

Student's Signature: _____ Date: _____

<i>For Office Use</i>	
Notes:	
Checked by: _____ Accountant (Signature)	Date: _____
Approved by: _____ Head of School (Signature)	Date: _____