



**ALEXANDER**  
ACADEMY



688 West Hastings, Suite 200  
Vancouver, British Columbia, V6B 1P1, Canada  
Tel. 604-687-8832 Fax. 604-681-5898

## REFUND REQUEST FORM

STUDENT INFORMATION		
First Name	Last Name	Student ID
Email Address		
REASON FOR REFUND (please attach supporting documents)		
REFUND CALCULATION		
Tuition Fee Paid	Refundable Tuition Fee	<b>Total Refundable Amount</b>
Activity Fee Paid	Refundable Activity Fee	
PREFERRED REFUND METHOD		
<input type="checkbox"/> Cheque	<input type="checkbox"/> Wire Transfer (Additional fees may apply)	
<input type="checkbox"/> I will pick up cheque at Alexander Academy	Account holder name:	
<input type="checkbox"/> Please mail cheque to:	Account holder address:	
	Bank name:	
	Account number:	
	Swift code:	
	Bank address:	
DECLARATION		
I understand that it is my responsibility to be aware of and to comply with the policy and procedures of Alexander Academy.		
Parent Signature	Date	