

602 West Hastings Street, Suite 100 Vancouver, BC, V6B 1P1, Canada Tel: 604-687-8832 Fax: 604-687-8872

REFUND REQUEST FORM

STUDENT INFORMATION				
First Name	Last Na	<u>nme</u>	Student ID	
Email Address				
REASON FOR REFUND (please attach supporting documents)				
PREFERRED REFUND METHOD				
Option #1 Cheque		I will pick up cheque at Alexander Academy		
Cheque payable to:		Please mail cheque to:		
Option #2 Wire Transfer (Additional fees may apply)				
Account holder name: Bank name:				
Account holder address:				
Account number:		Swift code:		
Bank address:		Additional Information/Notes (If applicable)		
Option #3 Western Union-for fees paid via Western Union's Global Pay platform (Additional fees may apply)				
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		
OFFICE USE ONLY-REFUND CALCULATION				
Tuition Fee Paid	Refundable Tuition Fee		Administration Fee Charge	
Student Service Fee Paid	Refundable Student Service Fee		Total Refundable Amount	