

REFUND REQUEST FORM

STUDENT INFORMATION				
First Name	<u>Last Name</u>		Student ID	
Email Address	•			
REASON FOR REFUND (please attach supp	orting 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	al fees may apply)	!		
Account holder name: Bank name:				
Account holder address:				
Account number: Swift code:				
Bank address: Additional Information/Notes (If app		nformation/Notes (If applicable	e)	
Option #3 Western Union-for fees pa	aid via Western U	Jnion's Global Pay plat	form (Additional fees may apply)	
DECLARATION				
I understand that it is my responsibility to be aw	are of and to comply	with the policy and proceed	dures of Alexander Academy.	
Parent Signature		Date		
OFF	ICE USE ONLY-RI	EFUND CALCULATION	1	
Tuition Fee Paid	Refundable Tuition Fee		Administration Fee Charge	
Student Service Fee Paid	Refundable Student Service Fee		Total Refundable Amount	

Uniform Fee	Refundable Uniform Fee
Medical Insurance Fee	Refundable Medical Insurance Fee
Graduation Fee	Refundable Graduation Fee