

International Student Program Refund Request Form

We do not accept handwritten forms.

Today's Date (MM-DD-YYYY): _____

Date of Withdrawal (MM-DD-YYYY): _____

OFFICE USE ONLY

ISP Student Number:

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

Birthdate (MM-DD-YYYY): _____ Current BSD School: _____

Student's Email: _____

Reason for student not entering/remaining in program: _____

PARENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

Email: _____ Phone number: _____ Relationship to student: _____

PAYMENT INFORMATION – Please complete **ONE** payment method below:

☐

PAYMENT MADE THROUGH FLYWIRE – REFUND WILL BE DONE THROUGH FLYWIRE TO ORIGINAL PAYER.

☐

BY EFT/DIRECT DEPOSIT - FOR BANKS IN CANADA ONLY (Bank charges apply)

DIRECT DEPOSIT PAYABLE TO:

Account Holder Legal Last Name: _____ Account Holder Legal First Name: _____

Account Holder Email: _____ Relationship to student: _____

Account Holder Address: _____

Account Holder City: _____ Province: _____ Postal Code: _____

Bank Name: _____

Bank Full Address: _____

Bank City: _____ Province: _____ Postal Code: _____

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Branch Transit Number

Institution Number

Account Number

NOTE: Burnaby School District Finance Department requires a copy of the Account Holder's Direct Deposit Form in order to process an EFT.

You can login to your financial institution's online banking account to print this form or visit your bank.

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☐ **BY WIRE TRANSFER IN CAD CURRENCY ONLY - FOR OVERSEAS BANKS – CONFIRM BANK WILL ACCEPT CAD CURRENCY (bank charges apply)**

WIRE TRANSFER PAYABLE TO:

Beneficiary Legal Last Name: _____ Beneficiary Legal First Name: _____

Beneficiary Email: _____ Relationship to student: _____

Beneficiary Address: _____

Beneficiary City: _____ Province: _____ Postal Code: _____

Bank Name: _____

Bank Full Address: _____

Bank City: _____ Province: _____ Postal Code: _____

SWIFT Code (All countries) – The swift code consists of 8 or 11 characters.

Bank Account Info (complete account number)

- **I have confirmed with my financial institution that the above banking details are accurate.**
- **I understand that a refund will only be issued if all required forms and documents are fully completed, signed, and submitted for processing within the time period indicated on our Refund Policy.**
- **I am aware that it will take four to six weeks to process the refund, or longer if any required documents are missing or information is incomplete.**

Parent's Written Signature: _____ **Date:** _____

Please submit this form with all required documents to the International Education Department at
International.Refund@burnabyschools.ca.

OFFICE USE ONLY

Program Coordinator Approval: _____ Approval Date: _____

Total Refund Amount: _____

The following have been notified:

☐ Secondary: VP-Intl + SISOP + ISA + Medical + Langara Homestay

Emailed By: _____ Date: _____

☐ Elementary: Principal + Secretary + Medical + Elementary Placement

Emailed By: _____ Date: _____

INTERNATIONAL EDUCATION DEPT USE ONLY