

International Student Program Refund Request Form - MEXICO

We do not accept handwritten forms.	OFFICE USE ONLY
Today's Date (MM-DD-YYYY):	ISD Student Number
Date of Withdrawal (MM-DD-YYYY):	ISP Student Number:
STUDENT INFORMATION	
Legal Last Name:	Legal First Name:
Birthdate (MM-DD-YYYY):	Current BSD School:
Student's Email:	<u> </u>
PARENT INFORMATION	
Legal Last Name:	_Legal First Name:
Email:Phone numbe	r:Relationship to student:
BY EFT/DIRECT DEPOSIT - FOR BANKS IN C. DIRECT DEPOSIT PAYABLE TO:	
	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:Pro	ovincePostal Code:
Branch Transit Number Institu	ution 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. CLABE Number (Mexico only) – The CLABE Number consists of 18 numeric digits. Bank Code **Branch Office Code Account Number Control Digit** 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 International Office at InternationalRefund@burnabyschools.ca. **OFFICE USE ONLY** Program Coordinator Approval: _____ Approval Date: ____ Total Refund Amount: INTERNATIONAL EDUCATION OFFICE USE ONLY The following have been notified: Secondary: VP-Intl + SISOP + ISA + Medical + Langara Homestay _____ Date: _____

____ Date: _____

Elementary: Principal + Secretary + Medical + Elementary Placement