

Student Surname

Parent Surname

Student Given Name(s)

Parent Given Name(s)

Student Preferred Name

Contact Phone Number

Student Date of Birth

Contact Email

Date of Student Withdrawal

To the Principal of Billanook College

PARENT REQUEST

I, as the parent of the above named student wish to advise that my child has been withdrawn from Billanook College as of the date listed above.

As consequence we request that Billanook College refunds any non-allocated refundable fees into my bank account as detailed below. We have read and understood the Billanook College International Student [Refund Policy](#) and the [Terms and Conditions of Enrolment of International Students](#) (available on the College website) and agree to the terms and conditions contained therein.

Please provide us with a written summary of the breakdown of the refund amount within 14 days of processing this refund request.

Bank Name

Account Name

BSB Number (6 digits)

Account Number

Bank Address

SWIFT Code (International Transfers)

Parent Signature

Date

