

[SCHOOL NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

DEPOSIT REFUND

Date: [Date]
Ref #: [Refund-ID]

REFUND TO

[Parent/Guardian Name]
[Street Address]
[City, State, Zip]

STUDENT INFORMATION

Student Name: [Student Name]
Student ID: [ID Number]
Enrollment Year: [Year]

Description	Original Deposit Date	Amount
Security/Enrolment Deposit Refund	[DD/MM/YYYY]	\$0.00
Less: Outstanding Fees/Library Fines	-	(\$0.00)
Less: Damages/Property Loss	-	(\$0.00)

Total Refund Amount: \$[0.00]

Refund Method: [Check / Bank Transfer / Credit Card]

Notes: This refund has been processed in accordance with the school's enrollment agreement and withdrawal policy. Please allow 5-10 business days for funds to appear.

Authorized Signature: _____ *Date:* _____