



THE HUTCHINS SCHOOL

# Refund Application Form

for international students

## Student details:

Student full name:			
Year Level:		Date of Birth:	
Visa subclass:			
Country of Citizenship:			

## Parent/carer or agent details:

Full name:			
Relationship to student:		Phone number:	
Email address:			

## Refund request details:

Please tick the box that relates to your refund request:

- ☐ Visa refusal (please attach Department of Home Affairs refusal notice)
- ☐ Course cancellation by student
- ☐ Withdrawal after course commencement
- ☐ Other (please specify below)

Effective date of withdrawal or visa refusal (dd/mm/yyyy): \_\_\_\_\_

Reason for refund request (attach documentation if required or helpful):

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Total amount of fees paid to date (AUD): \$ \_\_\_\_\_

Amount of refund requested (AUD): \$ \_\_\_\_\_

### Preferred refund method:

☐ Bank transfer (please include bank details below)

☐ Other: \_\_\_\_\_

### Bank account details (for bank transfer refunds only):

Account name:			
Account number:		BSB:	
Bank Name:			
SWIFT/BIC (if overseas account):			
Bank address (if overseas account):			

Declaration (please complete *either* the parent/carer or agent declaration, as appropriate):

### Parent/carer:

I declare that the information provided in this form is true and correct. I understand that submission of this application does not guarantee a refund, and that refunds will be assessed in accordance with the School's International Student Refund Conditions and applicable legislation, including the Education Services for Overseas Students (ESOS) Act 2000.

I understand that administration charges may apply and that refunds may take up to four weeks to process.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorised agent acting on behalf of student and/or parent/carer:

I declare that I am an authorised agent of the student and/or their parent/carer and have the authority to submit this application on their behalf. Documentation of this authority is attached or already held on file by the School.

Authorised agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agency: \_\_\_\_\_

Agent contact email: \_\_\_\_\_

Agent contact phone: \_\_\_\_\_

