



Toronto Catholic District School Board International Education Program REFUND REQUEST FORM

PLEASE PRINT AND COMPLETE THE FOLLOWING INFORMATION IN ENGLISH

STUDENT INFORMATION

Surname (Family Name)

Given Name

Date of Birth (Day/Month/Year)

TCDSB—Student ID #

Date of Request (Day/Month/Year)

Assigned School

Refund Pay Period

/ 20

Start Period: Month / Year

/ 20

End Period: Month / Year

REASON FOR REFUND

I'm the parent/guardian or custodian of the above student. I would like to request a refund for the following reason: (Please check one of the below)

Visa or Study Permit Rejection: Confirmation from the Immigration, Refugees and Citizenship Canada (IRCC)

Medical Reasons: Please State the Medical Condition: _____

Canadian Status Change: Student has officially become a Canadian Citizen or Permanent Residence

I have also submitted copies of the required supplementary documents:

1. Copy of Official TCDSB Letter of Acceptance (Required)
2. Copy of TCDSB Receipt (Required)
3. Completed Wire Transfer Information Sheet (page 2) (Required)
4. Copy of Visa/Study Permit Rejection Letter from Immigration Canada (Required for Visa or Study Rejection Refunds)
5. Copy of medical diagnosis and prognosis notarized in English (Required for Medical Reason Refunds)
6. Proof of Canadian Citizenship or Permanent Residence Status (Required for Canadian Status Change)
7. Supplementary Documents

PARENT/GUARDIAN/CUSTODIAN CONTACT INFORMATION

Surname (Family Name)

Given Name

English Name

Relationship to Student

Email Address

Parent/Guardian/Custodian Signature

Parent/Guardian/Custodian Date of Birth

