



Rotorua Primary School

PRINCIPAL: F. WHATA B.Ed Dip. Tchg.

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REQUEST FOR REFUND OF INTERNATIONAL STUDENT TUITION FEES

Student's Family name:	
Student's First name:	
Teacher/Year Level	Classroom No/ Homeroom Class Code
Parent /Legal Guardian's Full Name:	
Parent/Legal Guardian's Email:	
Education Agency: (if relevant)	
Reason for Withdrawal and Request for Refund: (please explain)	
Is this refund request due to any of the following circumstances?	
- The student failed to obtain a study visa	Yes <input type="checkbox"/> No <input type="checkbox"/>
- The student has changed to become a domestic student during the period of enrolment	Yes <input type="checkbox"/> No <input type="checkbox"/>
- The student's enrolment was terminated by Rotorua Primary School	Yes <input type="checkbox"/> No <input type="checkbox"/>
- The student is voluntarily withdrawing to transfer to another school within (state town or city)	Yes <input type="checkbox"/> No <input type="checkbox"/>
- The student is voluntarily withdrawing due to parents/caregivers moving to another city in New Zealand	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date student started study at Rotorua Primary School	
Current enrolment fees paid until:	
(Intended) Last day at Rotorua Primary School	
Date School was notified in writing of intended withdrawal:	
Name of Person who paid the student's Tuition Fees:	
Bank Account Details	
Is the refund to be made to non-NZ bank?	Yes <input type="checkbox"/> No <input type="checkbox"/> Country of Bank:
Supporting Documentation eg. Medical evidence, banking information (attach to Request)	
Refund Calculation (to be completed by Rotorua Primary School)	
- Fees Paid	Fees Paid: \$
- Deductables	Deductions:

Amount of Refund:	\$

Signed (Parent/Legal Guardian):

Name: _____ Signature: _____ Date of refund application: _____

logo

Name of School Refund Policy

Insert your Refunds Policy Here