



REQUEST FOR REFUND

Name of programme	
Date of programme	

Name of child	
BC	
Class	

Reason for refund (Please submit supporting document)	
Amount to be refunded	
Name of parent	
Signature/date	

For school use

Acknowledged by Teacher in-charge _____ Name and signature Date:	Data entry into iBENS _____ Name and signature of DEC Date:
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