



REFUND AND PAYMENT REQUEST FORM

I would like to make a refund/payment request for the following:

(PLEASE COMPLETE THE BELOW IN BLOCK CAPITALS)

Reason for Refund/Payment Request:

School Student Attends:

Name of Student: Tutor Group:

Address:

Name on Bank Account:

Account Number: Sort Code:

Parent/Carer Signature: Date:

Please send the completed refund/payment request by email to zara.patel@castlerock.org.uk or post a copy to The Castle Rock School, Meadow Lane, Coalville, Leicestershire LE67 4BR along with a copy of any receipts.

PLEASE NOTE: We will refund to the original payment method. In the event that this is not possible, please ensure your bank details are included above.

Office Use Only

Authorised By:

Beehive Updated:

Cardnet Refund Process:

Midas Updated: