REFUND REQUEST FORM

Please return by email or post to: JRADA Office, 28 Coppice Avenue, Sale, Cheshire, M33 4WB.

Student Name (s): ……

Payer Name: ……

Payment Method: Bank Transfer □ Cash □ Class for Kids □

Payment For: Term Fees □ Exam Fees □ Payment in Error □

Summer School □ Costume Fee □

Reason for Refund:

……..

……..

If a cancellation, please confirm the date written cancellation was received (class/exam/summer school): ……

- Refunds for classes will only be issued from the date written confirmation of cancellation is received.

Please select one option:
□ **Transfer balance to next invoice**
□ **Refund via bank transfer**

- If you choose to transfer the balance towards a future invoice, no administration fee will be charged.
- If you prefer a refund via bank transfer, please complete the bank details section below.
- **Please note:** All refunds issued via bank transfer are subject to a 20% administration fee.

OFFICE USE ONLY

Refund completed by:…… Date Completed: ……