

REQUEST TO REFUND

To,
The Principal
NIES

Date:

Subject: Request for Fee Refund

I am I am _____, parent/guardian of
_____, a student of class
_____. I am writing to request a refund of the fees paid for the
academic year _____ due to withdrawal from the school / double
payment/ _____

The details of the fee payment are as follows:

- Student Name: _____
- Class/Grade: _____
- Receipt/Transaction Number: _____
- Fee Amount Paid: _____
- Date of Payment: _____

I kindly request the refund of the aforementioned amount

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

Parent/Guardian Name: _____

Signature: _____

Contact Number: _____

Date: _____