



GENERAL REFUND REQUEST FORM

I would like to make a refund request for the following:
(PLEASE COMPLETE THE BELOW IN BLOCK CAPITALS)

Reason for Refund Request: _____

School Child Attends: _____

Name of Student: _____ Tutor Group: _____

Address: _____

Name on Bank Account: _____

Account Number: _____ Sort Code: _____

Parent/Carer Signature: _____ Date: _____

Please send the completed refund request by email to finance@lionhearttrust.org.uk or post a copy to the school address, along with a copy of any receipts.

Office Use Only

Total Amount:£

Authorised By:

Expenses Ledger:

Lionheart Academies Trust

0116 272 9100 contact@lionhearttrust.org.uk www.lionhearttrust.org.uk
Ridgeway Oadby Leicestershire LE2 5TP
CEO: Kath Kelly MSc

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