

# Request to Leave Homestay Care

Student Name	
Student ID Number	
Course of Study	

## Current Homestay

Name	
Address	

Date you wish to leave Homestay	
Date Homestay notified: (Please note that 7 days notice is required)	
Reason for Leaving Homestay	

## In order to process your refund, please supply the following details

New Address	
Bank/Acc (If necessary)	
Phone/Mobile Phone	
E-mail Address	

Student Signature:	Date:
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