



PENTICTON SECONDARY SCHOOL

158 ECKHARDT AVENUE EAST, PENTICTON, BC V2A 1Z3
TELEPHONE:: (250) 770-7750 FAX: (250) 770-7766

Refund Request - Textbook Deposit

Date _____ Student ID _____

Student Last Name _____

Student First Name _____

Reason for refund: Withdrawal Date _____

Graduation Date _____

Textbook Deposit paid by: _____

Refund Requested by: _____

Telephone # _____ Email _____

If deposit was paid online with School Cash, refund will be processed through School Cash

Payments via Cash or Cheque – please select preferred method of payment:

1. E-transfer to: _____
Email address

2. Cheque mailed to: _____

All textbooks and library books must be returned in good condition and student accounts paid in full in order to qualify for a refund. Refund request's must be received within one year of Graduating. The refund will be issued to the person or company that originally paid the deposit.

Applicant Signature

Office Use

All Textbooks and Library Books returned _____
All Fees Paid and no fees were waived _____