Request for Refund

Inspiring Excellence.

PARENT / CARER TO COMPLETE THIS SECTION	
Name of Student:	
Year Level:	

REFUND TERMS AND CONDITIONS

I, _____, being the parent of

_____ in Year _____ request a refund of $_____

Having paid for _____(activity)

I request a refund due to: _____ (reason)

I understand and agree that:

1. A refund may not be made to me, or may be made in full or in part, having regard to the associated expenses already incurred by the school.
2. The school receipt for the original payment is: ☐ Attached ☐ Not Attached
3. My details will be kept confidential and will not be used for any other purpose.
4. My refund may be made as (please select):

   ☐ A credit against my child's account at the school; or

   ☐ To my bank account via electronic funds transfer (EFT)
   (please complete EFT details below)

_____ _____

Signature of Parent / Carer Date

BANK ACCOUNT DETAILS			
Account Name:			
BSB:		Account Number:	
Bank:		Branch:	

SCHOOL OFFICE USE ONLY			
Original Receipt Number: Original Amount Receipted:	$	☐ APPROVED ☐ NOT APPROVED	Refund: $
BM Signature:		Date:	
Principal Signature:		Date:	