



REQUEST FOR REFUND

I, _____, parent/carer of _____ in Class _____, request a refund of \$_____ paid for _____ (activity).

I request a refund due to: _____

I understand and agree that:

1. a refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by the school, and the school's refund guidelines provided to me.
2. the school receipt for the original payment is attached / not attached. (Please circle)
3. my details will be kept confidential and will not be used for any other purpose.
4. my refund be made:
 - as a credit against my child's account at the school; or
 - to my bank account via electronic funds transfer (EFT) (please complete details below)

_____/_____/____

Signature of Parent/Carer

Date

BANK ACCOUNT DETAILS - Account Name: _____

BSB: _____ **Account Number:** _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ NOT APPROVED

 Signature of Principal

_____/_____/____
 Date