

REQUEST FOR REFUND

I,, being the parent/carer of

In Year 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.
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 is to 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:

Bank: Branch:

(School Use Only)

Original Receipt number: Amount Received:

APPROVED Refund Amount Approved: \$..... NOT APPROVED

Signature of Principal

Date