

REQUEST FOR REFUND

I, _____ as parent/caregiver of

_____ (student name) in Year _____,

request a refund of \$ _____ paid for _____

_____ (activity)

I request a refund for the following reason _____

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 tick)
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) or

Signature: _____ (parent/Caregiver)

Date: ____ / ____ / ____

Please tick preferred method of refund

☐ **Credit to my student's account**

☐ **For EFT refund:** Please provide: BSB: _____ Account No: _____

Account Name _____

Office Use Only - Authorisation/Processing

Original Receipt Number: _____ Amount Received: \$ _____

☐ **Refund Approved** Amount Approved: \$ _____

☐ **Not Approved**

Signature: _____ Business Manager ☐ Finance Officer ☐

SubCC / GL & Product Code: _____ / _____