

Refund Request

I, _____, being the parent/carer of
_____ in Year _____
request a refund of \$_____ paid for _____.

The amount paid exceeded the final cost or amount payable, resulting in a credit balance on the student's account.

I understand and agree:

- Any refund is subject to verification of the credit balance by the school.
- The refund will be processed to the bank account nominated below.
- The school may contact me if further information is required to process this request.

Receipt attached:

YES NO

Refund type:

- Credit against my child's school account
- Direct Deposit (EFT)
- Parent donation to the school

Bank Account Details			
Account Name			
BSB		Account Number	
Parent/Care Giver Name			
Signature		Date	

School Use Only

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ **NOT APPROVED**

Principal's Signature

_____/_____/_____
Date