



REQUEST FOR REFUND

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

BANK ACCOUNT DETAILS:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

Parent Contact Phone Number - _____

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).

Parent's Signature

_____/_____/_____
Date

(SCHOOL USE ONLY)

Original Receipt No.: _____ Amount Received: \$ _____

Processed by: _____

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

☐ **NOT APPROVED**

Principal's Signature

_____/_____/_____
Date