



FERNY HILLS STATE SCHOOL

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REQUEST FOR ACCOUNT CREDIT

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

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 refund be made as a credit against my child's account at the school.

Parent Signature

____/____/____
Date

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____

NOT APPROVED

Principal's Signature

____/____/____
Date
