



FERNY HILLS STATE SCHOOL

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REQUEST FOR REFUND – FAMILIES CURRENTLY ATTENDING FERNY HILLS SS

You have a credit on your account at Ferny Hills State School as indicated on the attached statement. Please indicate whether you would like to apply for a refund via EFT or keep as credit on your account for payment of future invoices.

Student's Full Name			
Parent's Name			
Residential Address			Postcode
Postal Address <i>(if different from Residential Address)</i>			Postcode
Email			

Section A – Credit on Account

I would like to keep the funds as credit on my account.

_____ /_____/_____
Parent Signature Date

Section B – Request Refund

I would like to apply for a refund of the full amount in credit on my account.

Please update my bank account details on the system for the purpose of processing refunds:

Account Name: _____

BSB: _____ Account Number: _____

_____ /_____/_____
Parent Signature Date

Office Use Only

APPROVED Refund Amount Approved: \$ _____

NOT APPROVED

_____ /_____/_____
Principal Signature Date