

FERNY HILLS STATE SCHOOL

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REQUEST FOR REFUND – FAMILIES NO LONGER 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 donate these funds to the school (in Section A below) or apply for a refund via EFT (in Section B).

	(In Section B).	
Student's Full N	lame	
Parent's N	ame	
Residential Add	dress	
		Postcode
Postal Add (if different)	from	Postcode
Residential Add	ress)	Postcode
E	Email	
	P	
Section A – Donat	e credit on account to support FHSS studen	ts
I would like to dor	nate my account credit to Ferny Hills SS to be	used to support students.
Parent Signature Date		Date
Section B – Reque	est Refund	
☐ My child is NOT	oly for a refund of the full amount in credit or currently enrolled at a Queensland State Scane:	hool (Complete Bank Details below)
BSB:	Account Number:	
details recorded of School. <i>(Please as</i>	ently enrolled at a Queensland State School. In the system is correct and have been update when the system is current and have been update your child's CURRENT school to update your this form to Ferny Hills State School.)	ed at my child's current Queensland State
		/
Parent Signature		Date
Office Use Only		
☐ APPROVED	Refund Amount Approved: \$	☐ NOT APPROVED