

## REQUEST FOR REFUND

I, \_\_\_\_\_, being the parent/carer of \_\_\_\_\_  
in Year \_\_\_\_\_, request a refund of \$\_\_\_\_\_ paid for \_\_\_\_\_  
\_\_\_\_\_ (activity)

I request a refund due to: \_\_\_\_\_  
\_\_\_\_\_

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); OR
  - to my credit card if used for the original payment (please complete details below).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Carer Date

### Bank Account Details:

Account Name: \_\_\_\_\_  
BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

### Credit Card Details:

Card Type:  Visa  MasterCard  American Express

*Card No.*

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Expiry Date: \_\_\_\_\_ Name on Card \_\_\_\_\_

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### (School Use Only)

Original Invoice Number/s: \_\_\_\_\_ Original Receipt Number/s: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

APPROVED Refund Amount Approved: \$ \_\_\_\_\_  NOT APPROVED

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Principal Date