

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 College, and the College's refund guidelines provided to me.
2. the College 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 College; or
- as a credit against sibling account at the College
- to my bank account via electronic funds transfer (EFT) (please complete details below)

_____/_____/_____
Signature of Parent/Carer Date

Address: _____

Phone Number: _____

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

Please note that if we have not received your bank account details prior to your child leaving the College any refund due will be paid by cheque to the address provided.

(School Use Only)

Original Receipt Number: _____ Amount Received: \$_____

APPROVED Refund Amount Approved: \$_____ NOT APPROVED

_____/_____/_____
Signature of Principal / BSM Date