

Details			
Student Name		Year	Refund Amount
Activity			
Reason for Refund			

Refund Options (please tick):			
<input type="checkbox"/>	as a credit against my child's account at the College; or		
<input type="checkbox"/>	as a credit against sibling account at the College; or		
<input type="checkbox"/>	to my bank account via electronic funds transfer (EFT) (please complete details below)		
Address Details			
Address line 1			
Address line 2			
Suburb	State	Postcode	
Phone Number			

Bank Account Details			
Account Name			
BSB	Account No.		
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.			

I understand and agree	
<input type="checkbox"/>	Refund may not be made to me or be made in full or part, having regard to the associated expenses already incurred by the College, and the College's refund guidelines provided to me.
<input type="checkbox"/>	College receipt for the original payment is attached/not attached. (please circle)
<input type="checkbox"/>	Details will be kept confidential and will not be used for any other purpose
Parent / Guardian	
Name	
Signature	Date

<b>Office Use:</b>	Original Receipt Number: _____	Amount Received: \$ _____
<input type="checkbox"/>	APPROVED Refund Amount Approved: \$ _____	<input type="checkbox"/> NOT APPROVED
_____	_____ / ____ / ____	Date
Signature of Principal/ Business Manager		
Invoice No: _____	Refund Processed: _____ / ____ / ____	