

Details			
Student Name	<input type="text"/>	Year	<input type="text"/>
Activity	<input type="text"/>		
Reason for Refund	<input type="text"/>		

Refund Options (please tick):

- as a credit against my child's account at the College; or
 as a credit against sibling account at the College; or
 to my bank account via electronic funds transfer (EFT) (please complete details below)

Address Details

Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone Number	<input type="text"/>	Postcode	<input type="text"/>

Bank Account Details

Account Name	<input type="text"/>		
BSB	<input type="text"/>	Account No.	<input type="text"/>
Bank	<input type="text"/>	Branch	<input type="text"/>

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

- 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.
- College receipt for the original payment is attached/not attached. (please circle)
- Details will be kept confidential and will not be used for any other purpose.
- Refund processing can take up to 10 working days for payment.

Parent / Guardian

Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

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