



Request for Refund

I, _____, being the parent/carer of _____
in Year _____, request a refund of \$ _____ paid for _____
due to _____.

I understand and agree:

Fees already paid for the extra-curricular activity may be refunded:

- in full
- in part or not at all (if associated expenses have already incurred)

Receipt attached:

YES NO

Refund type:

- Credit against my child's school account Direct Deposit (EFT)
- Parent donation to the school

_____/_____/_____
Parent/Carer Signature

Bank Account Details

Account Name: _____

BSB: _____ - _____ Account Number: _____

Bank: _____ Branch: _____

(School Use Only)

Original Invoice Number: _____ Original Invoice Amount: _____

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ **NOT APPROVED**

_____/_____/_____
Principal's Signature Date

Credit Note Number: _____