



## REFUND REQUEST

I, ....., being the parent/carer of ..... in Year .....,  
request a refund of \$..... (paid to the school for ..... )

### I understand and agree that:

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

- in full
- in part
- not all (If associated expenses have already incurred)

### Receipt attached:

☐ YES ☐ NO

### Refund type:

☐ Credit against my child's school account – student name .....

☐ Direct Deposit (EFT) – please provide bank account details below

\_\_\_\_\_  
Parent/Carer Signature

Date: \_\_\_\_\_

### Bank Account Details

Account Name: .....

BSB: ..... Account Number: .....

---

### (School Use Only)

Original Receipt Number: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

☐ **APPROVED**

Refund Amount Approved: \$ \_\_\_\_\_

☐ **NOT APPROVED**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date