



# REQUEST FOR REFUND

I \_\_\_\_\_, being the parent/carer of \_\_\_\_\_

In Year \_\_\_\_\_, request a refund of \$ \_\_\_\_\_ paid for \_\_\_\_\_ (excursion name etc)

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 school, and the school's refund guidelines provided to me.
2. The school 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 student's account at the school; or  
☐ To my bank account via electronic funds transfer (EFT) (please complete details below); or  
☐ Via credit card payment

**N.B. A refund to a credit card must be processed using the same credit card that was originally tendered. Please complete the details below**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Parent/Carer** **Date**

## Credit Card Details:

Card Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry Date \_\_\_\_\_/\_\_\_\_\_ CVC \_\_\_\_\_

Card Type ☐ Visa ☐ MasterCard ☐ American Express

Cardholder's Name (as it appears on card): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## Bank Account Details:

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

(School Use Only) Original Receipt Number: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

☐ APPROVED Refund Amount Approved: \$ \_\_\_\_\_ ☐ NOT APPROVED

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Principal** **Date**