



Brightwater State School

REQUEST FOR REFUND

I, _____, being the parent/carer of _____ in Class _____,
request a refund of \$_____ paid for _____ (activity)

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. If absent due to illness, the school administration has been notified
4. my details will be kept confidential and will not be used for any other purpose.
5. my refund be made:

as a credit against my child's account at the school; or

to my bank account via electronic funds transfer (EFT) (please complete details below); or

to my credit card if used for the original payment (please complete details below).

_____/_____/____

Signature of Parent/Carer

Date

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

Credit Card Details:

Card Type: Visa MasterCard Card No: _____

Expiry Date: _____

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

APPROVED Refund Amount Approved: \$ _____ NOT APPROVED

Absence checked in OneSchool

_____/_____/____

Signature of Principal

Date