



WYNNUM STATE HIGH SCHOOL



REQUEST FOR REFUND

I _____, being the parent/carer of _____ in
year _____, 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. 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 child's account at the school; or

to my bank account via electronic funds transfer (EFT)

school cheque

Signature of parent/carer

____/____/____
Date

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

Processed by: _____

(SCHOOL USE ONLY)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED - Refund Amount Approved: \$ _____

NOT APPROVED

Business Manager Signature

Principal Signature