Middlemount Community 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) (please complete details below); or

_____   ___/_____/____

Signature of Parent/Carer   Date

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

Email address for remittance advice: _____

(School Use Only)

Original Receipt Number:_____   Amount Receipted: $_____

☐ APPROVED   Refund Amount Approved: $_____   ☐ NOT APPROVED

_____   _____/_____/____

Signature of Principal   Date