

Western Suburbs State Special 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. 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
 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 American Express

Expiry Date: _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ NOT APPROVED

_____/_____/_____
Signature of Principal Date