

REQUEST FOR REFUND

Merrimac
State High School
Gold Coast, Australia



I, _____, of (address) _____

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. Requests for refund amounts of \$25 or less will be allocated as a credit to the student's account.
2. 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.
3. The school receipt for the original payment is attached / not attached. (Please circle)
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 (please complete details below). If your student is no longer enrolled at the school all refunds will be paid as a cheque;

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank Name: _____ Branch: _____

Signature: _____ Date: ____/____/____

OFFICE USE ONLY
Bank details in OneSchool verified by:
Name:
Date:

Original Receipt Number: _____ Amount Received: \$ _____

Refund Amount To Be Approved: \$ _____ Amount Checked By: _____

Signature HOD/Activity Coordinator Date

Signature of BSM Date

Signature of Principal Date

