

GIN GIN STATE SCHOOL - REQUEST FOR REFUND



I, _____, being the parent of _____
in Year _____, request a refund of \$ _____ paid for _____
_____ activity

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 . I will present the card in person.

Parent Signature _____/_____/_____
Date

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____

NOT APPROVED

Principal's Signature _____/_____/_____
Date