

# TOGETHER FORWARD

PERSISTENCE RELATIONSHIPS LEARNING

## BORONIA HEIGHTS STATE SCHOOL

### REQUEST FOR REFUND

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

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
  - As a credit against a SIBLING account at the school
  - To my bank account via electronic funds transfer (EFT) (please complete details below).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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