WITHCOTT STATE SCHOOL
REQUEST FOR REFUND
(REQUEST TO BE LODGED AT SCHOOL OFFICE WITHIN TWO WEEKS OF ACTIVITY)

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.

_______________________________________________     ___/_____/____
Signature of Parent/Carer          Date

(School Use Only)

Original Receipt Number:_____________    Amount Receipted:  $___________

☐ APPROVED    Refund Amount Approved:    $___________    ☐ NOT APPROVED

__________________________________     _____/_____/ ____
Signature of Principal           Date