



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 Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ NOT APPROVED

_____/_____/_____
Signature of Principal Date