

## REQUEST FOR REFUND



School excursions and camps enhance a student's learning by providing opportunities for the student to participate in activities, both curriculum-related and recreational, outside the normal school routine. All planned school excursions are approved by the Principal and endorsed by the Parents and Citizens Association.

State Schools are able to charge a fee for an educational service or specialised educational program. A school fee is directed to the purpose for which it is charged.

School fees for extra-curricular activities are calculated on a cost recovery only basis, according to the number of students who have indicated their attendance. Participation of students in an extra-curricular activity is indicated through payment of the fee and provision of a permission form completed by the parent/carer.

As the school budget cannot meet any shortfalls in funding for an extra-curricular activity due to the subsequent non-participation of a student who had previously indicated attendance of the activity, fees already paid for an extra-curricular activity may be refunded in full or part or not at all, having regard to the associated expenses incurred and the circumstances of the non-participation.

Refunds are not granted automatically if students do not attend an activity. Written requests must be submitted on this form. **All requests for refunds must be made within 30 days of the activity using this form.** Refunds won't be paid immediately but will be paid after reconciliation of the activity. **Refunds under \$20 will be processed as credits against the student's account and used to offset any future charges.**

### STUDENT DETAILS

<b>Student Name:</b>	<b>Year Level:</b>	<b>Refund: \$</b>
<b>Parent/Guardian Name:</b>	<b>Signature:</b>	
<b>Reason:</b>	<b>Activity:</b>	

**I understand and agree that:**

- 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 policy outlined above. My details will be kept confidential and will not be used for any other purpose.
- My refund be made:  as a credit against my child's account at the school (**for all amounts under \$20**); or  
(Tick a Box)  use my credit towards outstanding monies on family account

**IF NOT A CREDIT – the following MUST be completed:**

BSB (Bank/State/Branch Number)	Please add your email address to receive correspondence regarding your refund (if applicable).							
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Bank Name	Should the school wish to contact you in the future, please nominate your forwarding contact details							
Account Number (Maximum 9 characters)	Address:							
Account Name (name/s listed on bank statement)	Phone No:							

**(School Use Only)**

MISCELLANEOUS	Total payment previously received	\$	MISC REFUND	SUB COST CENTRE	GL ACCOUNT
	Less _____ weeks @ \$ _____ p/w	NEG\$	\$		

<b>PROCESSED BY</b>		<b>DATE ISSUED</b>		<b>TOTAL REFUND</b>	\$
Signature of Approving officer:				Date:	