REQUEST FOR REFUND - WISHART STATE SCHOOL

I, …… *(name in full)* parent/guardian of student

…… *(name in full)* in Class ……..……

request a refund of $..... which was paid to the school for (activity): ……..…..

I request this refund due to: ……..…

……..……

I understand and agree that a refund may not be made or may be made in full or in part, having regard to the associated expenses already incurred by the school, and the school's refund guidelines (available on the school website). If granted please refund as indicated below:

◯ Hold in Credit for future use for school activities. Please note - this option is not available for refunds for Year 4, 5, and 6 Camps.

To subsequently use this credit, email payments@wishartss.eq.edu.au to advise which invoice you want to apply this credit against. The credit can be used for any member of the same family.

◯ Deposit to my bank account via electronic funds transfer (please complete details below). Please note: bank account details must be of parent / guardian with financial delegation, as per invoice.

Account Name:			
BSB:		Account No:	
Bank:		Branch:	

Parent/guardian Signature: …….. Date: ……

Please return the completed form to the school Office or email to payments@wishartss.eq.edu.au

OFFICE USE ONLY

Invoice Number/s: …… Amount Paid: $..... **Refund Amount:** $.....

Funds available for refund? Yes / No …..…….. (*AR Officer Initials)*

If refund is not for full amount list reason: ……

……..

☐APPROVED ☐NOT APPROVED …… ……../……../…….
Principal/Delegate Signature

Credit Adjustment Processed in OneSchool:

……../……../……. …… ……..
(Date) (Initials) (Transaction Order #)

☐ **Credit on Account; *OR*** ☐ **Parent Refund** – **EFT**: Remit ID……..…….…….. Date ……../……../…….