



# BURANDA STATE PRIMARY SCHOOL

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## REQUEST FOR REFUND / CREDIT

I, \_\_\_\_\_, being the parent/carer of \_\_\_\_\_

in Year \_\_\_\_\_, request a refund of \$ \_\_\_\_\_ paid for \_\_\_\_\_

I request a refund due to: \_\_\_\_\_

Note: Only medical certificates will be accepted as evidence of sickness for a refund of extracurricular activities. Please refer to refund policy for more information.

I understand and agree that:

1. The refund amount may be subject to expenses already incurred by the school. The refund may not be the full amount requested and only for amounts over \$50.00.
2. My details will be kept confidential and will not be used for any other purpose.
3. My refund will be made:

- as a credit against my child's account at the school; or
- to my bank account via electronic funds transfer (EFT) (please complete details below);

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Parent/Carer Date

### Bank Account Details

<b>Account Name:</b>	
<b>BSB:</b>	<b>Account Number:</b>
<b>Bank:</b>	<b>Branch:</b>

### SCHOOL USE ONLY

APPROVED      Refund Amount Approved: \$ \_\_\_\_\_       NOT APPROVED

\_\_\_\_\_  
 Signature of HOD                                      Date                                      Signature of BSM                                      Date

PRODUCT	GL CODE	SUB CC	AMOUNT