



PARKHURST STATE SCHOOL

Principal - Lyle Walker

Head of Curriculum - Karen Smith

Business Services Manager - Emma Newman

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REQUEST FOR REFUND

I, _____, being parent/carer of _____

in Year _____ request a refund of \$ _____, being 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 purposes
4. my refund be made:

to my bank account via electronic funds transfer (EFT) (please complete details below); or

cheque

Signature of Parent/Carer

Date

BANK ACCOUNT DETAILS:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

(School Use Only)

Original Receipt Number: \$ _____

Amount received: \$ _____

Processed: _____

Refund Amount Approved: \$ _____

APPROVED

NOT APPROVED

Verified

BSM Initials: _____

Principals Signature: _____