

REQUEST FOR REFUND

INTRODUCTION

This refund form needs to be completed by all parties requesting a refund for one of the following reasons:

- Overpayment of an account;
- Termination of enrolment for any number of reasons;
- Non-attendance at a non-compulsory excursion where no costs for that excursion have been incurred; or
- Any other reasonable reason where a refund is legitimately required.

Where possible, the request should include the receipt relating to the payment for which a refund is being sought. Should you have any queries in relation to this form or the refund process, please contact the school office on (07) 4050 3033.

KEY REFUND INFORMATION

Parent / Carer Name: (Same as fee payer on account)	
Student Name:	
Refund Amount:	\$
Reason for Refund: (If the student did not attend an excursion, please provide an explanation)	

ALLOCATION & SIGNATURE

EITHER: CREDIT AGAINST MY CHILDS ACCOUNT (PREFERRED METHOD)			
Student's Full Name:		Year Level:	

OR: REFUND INTO BANK ACCOUNT			
Name of Person on the Account:			
BSB Number:	___ : ___	Account Number:	

REFUND REQUESTED BY			
Name:			
Signature:			
Date:			

APPROVAL – CAIRNS STATE HIGH SCHOOL STAFF ONLY:

REFUND APPROVAL				
Approval Delegate	Approval Required	Name	Signature	Date
HOD Approval Required	Yes /No			
BSM Approval Required				
Principal				

COMMENTS
