



Caravonica State School

Refund Request

I _____, being the parent/carer of _____

in Year _____, request a refund of \$_____ for _____

due to _____.

I understand and agree:

Fees already paid for the extra-curricular activity may be refunded:

- in full
- in part or not at all (if associated expenses have already incurred)

Receipt attached:

YES NO

Refund type:

Credit against my child's school account Direct Deposit (EFT)

Credit Card (if original payment method and presented in person)

Parent/Carer Signature

Date

Bank Account Details

Account Name:

BSB:

Account Number:

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED

Refund Amount Approved: \$ _____

NOT APPROVED

Principal's Signature

____/____/____
Date