



# PACIFIC PINES STATE HIGH

## INSPIRING EXCELLENCE TO EMPOWER SUCCESS

### Request for Refund

I \_\_\_\_\_, being the parent of \_\_\_\_\_  
in Year \_\_\_\_\_, request a refund of \$ \_\_\_\_\_ paid for \_\_\_\_\_  
activity.

### I understand and agree that:

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.

1. The school receipt for the original payment is attached / not attached (please circle).
2. My details are kept confidential and are not used for any other purpose.
3. My refund may be made:
  - a. as a credit against my child's account at the school
  - b. or to my bank account via electronic funds transfer (EFT) (please complete details below); or
  - c. to my credit card if used for the original payment. I will present the card in person.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### Bank Account Details

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

### School Use Only

Original Receipt Number: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

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

HOD / Finance Manager Approval \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_