



Jimboomba State School
REQUEST for REFUND

I, being the parent of _____

In _____ (Roll Class), request a refund of \$_____.____ paid for the Reimbursement of _____ due to _____.

Please complete your Refund decision below.

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 not attached/ provided below (please circle).
3. My details will be kept confidential and will not be used for any other purpose.
4. **My refund 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).

_____/_____/202____
Parent Signature Date

Bank Account Details:

Account Name: _____

BSB: _____ Account Number: _____

Bank: _____ Branch: _____

(School Use Only)

Remittance ID: Transaction Number:

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$_____ . _____

NOT APPROVED

_____/_____/202____
Principal's Signature Date