



# FERNY GROVE STATE HIGH SCHOOL

An Independent Public School

McGinn Road, Ferry Grove, Q 4055 | PO Box 128, Ferry Hills Q 4055  
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www.ferrygroveshs.eq.edu.au | FerryGroveSHS  
CRICOS Code 00608A

## REQUEST FOR REFUND/CREDIT

I,  being parent of:   
(parent/carer name) (student name)  
of Year  Form  request a refund of \$

Name of excursion or activity:

Reason refund being requested:

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;
3. my details will be kept confidential and will not be used for any other purpose.

I request that the refund be made:

- ☐ as a credit to my school account (to offset future payments as specified by me); or  
☐ as a credit to be applied to any outstanding 2025 Student Resource Fees; or  
☐ to my bank account via Electronic Funds Transfer (please complete details below).

### BANK ACCOUNT DETAILS:

Checked By:

Account Name (e.g. B & J Smith):

BSB No  —  Account No

Email address  
(for EFT payment advice):

Postal address:

Signature:  Date:

### School use only:

<input type="checkbox"/> Parent Refund	Order #	<input type="text"/>	\$	<input type="text"/>
<input type="checkbox"/> Credit Adjustment	Order #	<input type="text"/>	\$	<input type="text"/>

Amount approved for Refund: \$  Approved:  Date:   
(Signature of Principal)