



Executive Principal: M A Breckenridge

REQUEST FOR REFUND STUDENT RESOURCE SCHEME

I, being parent of:
(parent/carer name) (student name)

of Year Form

request a pro-rata refund of the Textbook and Resource Allowance and/or Student Resource Scheme fees.

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. my details will be kept confidential and will not be used for any other purpose;
3. the refund will be made to my bank account via Electronic Funds Transfer.

Signature Date:

BANK ACCOUNT DETAILS:

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

BSB No - Account No

Email address (for EFT payment advice):

Postal address:

School use only:

Amount approved for Refund \$

Approved (Signature of Principal)

Original Receipt No.

Cost Centre

Date