# FERNY GROVE STATE HIGH SCHOOL

*An Independent Public School*

McGinn Road, Ferny Grove, Q 4055 | PO Box 128, Ferny Hills Q 4055
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www.fernygroveshs.eq.edu.au | FernyGroveSHS
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 2024 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:***

☐ Parent Refund Order # _____ $ _____

☐ Credit Adjustment Order # _____ $ _____

Amount approved for Refund: $ _____ Approved: _____ Date: _____

(Signature of Principal)