Name of the person requesting the refund:

Student refund application

A refund can only be made to the person who made the original payment. Refunds can only be made back to the original card for ONLINE and EFTPOS.

Address:			
Suburb:	State	e:	Postcode
Student's first name:	e:Student's last name:		
Class: Scholastic Year:			
Original payment for:			
Date: Amount: \$	Receipt number: _		
Original payment method: Onlin	e Eftpos	Chq	Cash
Reason for refund:			
Refund method*: Online	EFTPOS	EFT	
If EFT, Bank:	Account name:		· · · · · · · · · · · · · · · · · · ·
BSB: Account number:			
* These are currently the only refund methods available. Use EFT instead of cheque or cash. Parent/carer signature: Date:			
SCHOOL OFFICE USE ONLY			
Request for refund approval by: (Name)	(Title)	Date	:
Approved By Delegated Officer: (Name)	(Title)	Date	:
Processed in Cash Desk by: (Name)	(Title)	Date: _	
Refund Receipt Number			Q

