



SPRINGWOOD ROAD STATE SCHOOL

“Sharing and Working Together”

REQUEST FOR REFUND

PO Box 1817
Springwood Q 4127
94 – 120 Springwood Road
Rosedale South Q 4123

Phone:
3457 8333

Email:
the.principal@spriroadss.eq.edu.au



REFUNDS TO BE CLAIMED NO LATER THAN 2 DAYS AFTER ACTIVITY

I _____
(Full name of Parent/Caregiver)

of _____
(Address)

request a refund for _____ Year _____
(Student Name)

which was paid to the school for _____
(Excursion / Activity)

The refund is requested due to:

Absence Other reason _____

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 (Please circle)
3. My details will be kept confidential and will not be used for any other purpose.

Claimant's Signature _____ Date _____

Refunds will be paid via electronic funds transfer (EFT)

BSB:	
Bank Name:	
Branch:	
Account Number:	
Account Name:	
Email Address:	

(School Use Only)

Original Invoice #: _____ Original Receipt # _____

Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ NOT APPROVED

Signature of Principal / Deputy Principal: _____

Date: _____ / _____ / _____