

# 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 POP and EFT.

Name of the person requesting the refund: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Student's first name: \_\_\_\_\_ Student's last name: \_\_\_\_\_

Class: \_\_\_\_\_ Scholastic Year: \_\_\_\_\_ SRN: \_\_\_\_\_

Original payment for: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Receipt number: \_\_\_\_\_

Original payment method:  POP  EFTPOS  Cheque  Cash

Reason for refund: \_\_\_\_\_

Refund method\*:  EFT  CHEQUE  Fees in Advance

Applied to Fees  Donated to School

If EFT, Bank: \_\_\_\_\_ Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

If Fees in Advance: \_\_\_\_\_

(Please indicate student's name you would like refund to be applied to)

If Applied to Fees: \_\_\_\_\_

(Please indicate student's name you would like refund to be applied to)

**\* These are currently the only refund methods available. Use EFT instead of cash.**

Parent/carer signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHOOL OFFICE USE ONLY

Request for refund approval by: Trina Cooper \_\_\_\_\_ (Admin Manager) Date: \_\_\_\_\_

Request for refund approval by: Sue Xenos \_\_\_\_\_ (Principal) Date: \_\_\_\_\_

Payment Method Processed:  EFT  Cheque  Fees in Advance  Applied to Fees

Donated to School  Other: \_\_\_\_\_

Processed in ebs4 Cash Desk by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ Date: \_\_\_\_\_

EBS4 Refund Receipt Number: R \_\_\_\_\_