

**Request for Refund - SRS**



Jones Hill State School

I,

being the parent/carer of

In year

Request a pro-rata refund of the Student Resource Scheme fees.

I understand and agree;

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.

1. the school receipt for the original payment is attached / not attached. *(Please circle)*
2. my details will be kept confidential and will not be used for any other purpose.
3. my refund will be made to my bank account via Electronic Funds Transfer.

**Bank Account Details:**

Account Name:

BSB:   Account No: 

Signature: Date:

Postal address:

***School use only***:

Amount approved for Refund $ Original Receipt Number

**Approved: Signature of Principal Date**