

# GOGANGO STATE SCHOOL

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## Request for Refund Form

I, \_\_\_\_\_, the parent/carer of \_\_\_\_\_ in Year \_\_\_\_\_,  
<parent/carer name> <student name> <year level>  
would like to request a refund for the amount of \$\_\_\_\_\_ which was paid for \_\_\_\_\_.  
<amount> <brief description of activity>

### I understand and agree that:

Fees already paid for the extra-curricular activity may be refunded:

- in full,
- in part, or not at all (if associated expenses have already incurred)

### Receipt attached:

YES  NO

### Refund type:

- Credit against my child's school account  Direct Deposit (EFT)  
 Credit Card (if original payment method and presented in person)  
 Parent donation to the school

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Bank Account Details:

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

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### (School Use Only)

Original Receipt Number: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

**APPROVED** Refund Amount Approved: \$ \_\_\_\_\_

**NOT APPROVED**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



Queensland  
Government