



MOGGILL STATE SCHOOL

An Independent Public School

3417 Moggill Road | MOGGILL | QLD | 4070

Email: principal@moggillss.eq.edu.au

Phone: 3202 0444 | OSHC: 3202 5599

Refund Request

I, _____ (parent name), being the parent/carer of _____
(student name) in class _____, request a refund of \$ _____ paid for _____ (activity) due
to _____ (reason).

I understand and agree:

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: _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____ **NOT APPROVED**

Principal's Signature date

Every Student, Every Day – Learning and Achieving

Principal: Mr Nathan Freeman

Deputy Principal: Mr Paul Niner

Deputy Principal: Mrs Natalie Thomas

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