



# Refund Request Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**Reason for Refund**

- Overpayment
- Student Exiting School
- Medical Reasons
- Other (please state) \_\_\_\_\_

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

*Please Note: all refunds will be paid by cheque via mail or collection from office.*

I declare that the information provided on this form is complete and correct. I agree to the conditions of this refund as outlined in the St Kilda Primary School Parent Payment Policy and that I am the person to whom this refund is to be paid.

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

**Administration Use Only**

Statement Attached:	Refund Amount:	Prepared by:
Authorised by:	Date:	Cheque Mailed Date:
Notes:		