



YEPPOON STATE HIGH SCHOOL

Request for Refund

Parent Name			
Student Name		Year Level	
Reason			
Amount of Refund			

I understand and agree:

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

- In full
- In part (if associated expenses have already been incurred)
- Not at all (if associated expenses have already been incurred)

Receipt attached:

Yes No

Refund type:

Credit against my child's school account

Direct Deposit Account Name:
BSB:
Account Number:

Parent/Carer Signature

Date

(School Use Only)

Original Receipt Number:

Amount Received: \$

Approved - Refund Amount Approved: \$

Not Approved

Principal's Signature

Date

Rawlings Street, PO Box 296, YEPPOON QLD 4703 | 07 4925 1333
principal@yeppoonshs.eq.edu.au | www.yeppoonshs.eq.edu.au

CRICOs Provider Code: 00608A