Credit/Refund Request

Personal Details					
Parent/Guardian:					
Address:					
Student:		**Year:**		**Class:**	
Amount Requested:					
Activity:					
Reason:	❑ Leaving/Graduating ❑ Illness ❑ Other:				
By completing this request I understand that a decision to issue a refund (in part or full) by the school, is dependent on any costs already incurred with the activity or goods- Refer to our Refund Policy on our Website					
Signature:		**Date:**			

Select your preferred option:

Non-Back to School Boost Related			
❑ Credit on Account			
Please credit my child's school account			
❑ Transfer to Sibling as Credit on Account			
Sibling:		Amount:	
Sibling:		Amount:	
Sibling:		Amount:	
❑ Donation to School			
Please donate amount requested to the school			
❑ Direct Deposit (EFT) Refund			
BSB:			
Account:			
Name:			

Back to School Boost Related			
❑ Transfer to Sibling as Credit on Account			
Sibling:		Amount:	
Sibling:		Amount:	
Sibling:		Amount:	
❑ Transfer to New School (Qld State School) MANDATORY IF TRANSFERRING FROM ONE PRIMARY SCHOOL TO ANOTHER			
School:			
❑ Donation to Ripley Valley State School			
Please donate amount requested to Ripley Valley SS			
❑ Direct Deposit (EFT) Refund			
BSB:			
Account:			
Name:			
❑ P&C Uniform Purchase Reimbursement			
Please attach supporting documentation as proof of purchase to be reimbursed (up to Boost credit value)			

Administration Office Use Only:	
❑ Amount requested validated *(Admin Officer)*	**Signature:** _____
❑ Parent Bank Details updated in OneSchool *(Admin Officer)*	**Date:** _____
❑ Requested Amount Approved: _____	**❑ Refund / Transfer / Reimbursement processed**
❑ Approved: _____	**date:** _____
❑ Request Not Approved	
*Supporting documentation to be retained locally	