

Essex Heights Primary School Council **Refund Policy**

Rationale

To ensure there is a fair and equitable refund system in place following payment for Camps/Excursions, Instrumental Music & other activities.

Aim

This policy is developed to provide guidelines and outline circumstances in determining eligibility for a full or part refund for charges paid to the school by families.

Guidelines

- All refunds requests must be made in writing by completing a Refund Request Form available on the school's website & Compass
- A request for a refund does not automatically mean a full refund of monies paid.
- Refunds are all subject to the discretion of the Principal on a case by case basis.

Implementation

Camps/Excursions/Activities

Participation of students in an activity is indicated via the Compass Portal permission and payment of money.

Students withdrawing from an activity will not automatically be entitled to a refund. This will be determined by any expense incurred by the school and the reason for not attending. For example, a refund for a camp may not be possible if the school has already made a financial commitment to a third party and no refund is available to the school. A Refund Request Form must be lodged and the Principal will determine the final outcome.

Instrumental Music Program

Participation of students in the Instrumental Programme is confirmed by the return of a signed enrolment form for the program. This programme is strictly a user pays programme.

All payment terms and conditions including account adjustments is available via the schools website.

Review Cycle

This policy will be reviewed annually.

George Perini

Jennifer Bittner

Principal

School Council President

Finance Committee for School Council

February 2022

Essex Heights Primary School – Refund Request Form

Parent Name: _____
Student Name: _____
Class: _____
Activity: _____
Refund Amount: _____

Reason for Refund: *(please attached any documentation eg; medical certificate)*

I understand and agree that:

1. A refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by the school
2. The school receipt for the original payment is attached / not attached. (Please circle)
3. My details will be kept confidential and will not be used for any other purpose.
4. Payments will be by Direct Deposit to my nominated Bank Account or a Credit to my family statement.
5. The Principal will determine the final outcome of my request

Please select your preferred refund option:

Refund Option 1:

Please make deposit the refund to the following Bank Account

BSB _____

Account Number _____

Account Name _____

Refund Option 2:

Please Credit my Family Statement with the allocated amount.

Signature of Parent/Guardian

Date

(School Use Only)

Approved Refund Amount: _____

Original Receipt Number: _____

Signature of Authorising Officer: _____ Name: _____

Signature of Principal: _____ Date _____