



## Refund of Charges

Dear Parent and/or Carer,

You are due a refund because your child paid for but did not attend the following:

_____	Amount \$ _____
_____	Amount \$ _____

Please complete the section below to advise how you would like this matter dealt with.

Yours sincerely

Theresa Moran  
Manager Corporate Services

- I wish to have the credit used towards the cost of another activity this year
- I wish to have the credit used towards school voluntary contributions
- I would like a refund to be credited to my bank account

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Bank details for direct deposit:

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Please return this form to the school via a drop box in the front office or to  
[poseidon.ps@education.wa.edu.au](mailto:poseidon.ps@education.wa.edu.au).