



## **Manor Lakes P-12 College**

### **Refund Policy**

#### **Rationale:**

To ensure there is a fair and equitable refund process in place on receipt of payment for Camps/Excursions, Sport and Activities.

#### **Aims:**

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 refund requests must be made in writing by completing a Refund Request Form
- A request for a refund does not guarantee a full refund of monies paid
- Refunds are subject to the discretion of the Principal on a case by case basis
- Voluntary Contributions are NON REFUNDABLE

#### **Implementation:**

##### **CAMPS/EXCURSIONS/ACTIVITIES/SPORT**

Participation of students in an activity is indicated by the return of a signed permission form 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. A Refund Request Form must be lodged and the Principal will determine the final outcome.

Deposits for Camps will be non-refundable.

#### **Evaluation:**

This policy must be reviewed by School Council on an annual basis.

**Manor Lakes P-12 College**  
**REFUND REQUEST FORM**

**PARENT NAME:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**HOMEGROUP:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**REFUND AMOUNT:** \_\_\_\_\_

**REASON FOR REFUND:** *(please attach any documentation eg; medical certificate)*

\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that:

1. Where stated in the event "non refundable" the school has prepaid expenses and I am not eligible for a refund.
2. My details will be kept confidential and will not be used for any other purpose.
3. If refund request is approved, payments will be by Direct Deposit. Please supply bank details below.
4. The Principal will determine the final outcome of my request
5. Requests will be paid within 10 school days of approval date

Account Name \_\_\_\_\_

BSB \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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***(School Use Only)***

*Authorised by: Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*APPROVED Refund Amount: \$* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date*