



# CENTENARY SHS DEPARTURE FORM

## CENTENARY STATE HIGH SCHOOL Student Refund Form

Student Name:		
Student Address:		
Excursion/Activity:		
Date:	Amount:	
Reason for Refund:		
Parent/Carer Signature:	Date:	

I understand and agree that:

- 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, and the school's refund guidelines (see attached) provided to me.
- the school receipt for the original payment is attached.  YES /  NO
- my details will be kept confidential and will not be used for any other purpose.
- my refund be made (please select)

as a credit against my child's account at the school

to my bank account via electronic funds transfer (EFT)

BSB No: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_

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

### APPROVAL

<b>HER/HOD APPROVAL</b>	Signature of Teacher/HOD _____
	Date _____
<b>PRINCIPAL APPROVAL</b>	Signature of Principal _____
	Date _____
<b>BSM APPROVAL</b>	Signature of Business Services Manager _____
	Date _____

### OFFICE USE ONLY

SubCC	Account/Product Code	Tax Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved Refund Amount	Original Receipt Number	
<input type="text"/>	<input type="text"/>	



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## PARENTS TO COMPLETE

PERSONAL DETAILS		
Student's Name		
Year Level		HG
EQ Number		
Date Enrolled		
Date Leaving		
Siblings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sibling Names		
Library/Text Books		
Laptop		
New Address		
Parent/ Caregiver Signature		

### PLEASE COMPLETE REFUND FORM ON REVERSE

The amount of the refund will be a fraction (based on the number of weeks remaining in the school year from the date the student ceased to attend, divided by 40) of the total contribution made by the parent/caregiver, including the amount of the Textbook and Resource Allowance, less the cost of consumed materials and/or the cost of replacing lost or damaged textbooks and resources.

## PARENTS TO COMPLETE

REASON FOR LEAVING (TRANSITION PLAN)
<input type="checkbox"/> Transferred to another State / Private School: _____ Name of School _____ Reason for choosing this school: _____
<input type="checkbox"/> Attending post school Education: _____ Course of Study: _____
<input type="checkbox"/> Taking up apprenticeship/ traineeship (SAT) Name of business: _____ Type of SAT: _____
<input type="checkbox"/> Leaving to work more than 25 hours per week Name of business: _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> I will advise Centenary SHS if this transition plan ceases _____
Parent/Carer _____ Date _____

## OFFICE USE ONLY

Library /Text Books Returned	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Printout of Hire Charges Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laptop	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CHARGES		
<b>PRO-RATA</b>	Hire Charges _____ weeks (40) x \$ _____ (total of all subject fees)	
	Textbook Allowance (\$88 / \$195) Charges _____ weeks (40) x \$ _____ (total)	
		<b>DEBIT</b>
		<b>CREDIT</b>
SRS		
Laptop		
Curr charges		
Inst/Choral		
Govt Txt		
<b>Sub-Total</b>		
Lost Resources		
<b>Total of Refund</b>		<b>\$</b>
<b>EFT Number (Funds transfer no)</b>		
<b>Date</b>		

<b>Bank details entered on OS</b>	<input type="checkbox"/>
<b>Staff Notices Please initial</b>	<input type="checkbox"/>
<b>Status on OS</b>	<input type="checkbox"/> <b>Left</b>
<b>Processed by</b>	Signed _____ Date _____
<b>B.S. Manager</b>	Signed _____ Date _____
<b>OS Finances</b>	<input type="checkbox"/> <b>Cleared</b>