5 December 2023

Dear Parents/Carers,

**REFUND: Year 4 overnight excursion – Kianinny Bush Cottages 2023**

Thank you for your payment and child’s attendance at the year 4 overnight excursion back on the 13 September 2023.

We have acquitted the costs for this excursion and found that the excursion was over costed. We are now offering refunds of $65.00 to each family that paid in full.

We offer families the opportunity to decide whether to donate their refund as a voluntary contribution or request an electronic transfer of funds back to their account. Please complete the attached form indicating your preference.

Due to end of year school financial timelines, all requested refunds will be processed as early as possible in 2024.

In order for us to refund payments previously made for this event, we ask families to provide bank account details. *Your bank account information will be securely disposed of once your refund has been processed.*

If you have any questions about the refund process, please contact the school on 02 6142 2400.

Yours faithfully,

James M. Barnett
Principal

**Chapman Primary School Payment Refunds Form**

**Year 4 overnight excursion – Kianinny Bush Cottages 2023**

**Please return this form to the school for processing**

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class \_\_\_\_\_\_\_\_\_\_\_\_\_

* Please accept this payment as a donation to the school as a voluntary contribution.
* Please arrange to make electronic refund of this payment to the following bank account:

Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank and Branch Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB number:

Account Number

Contact telephone number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that once electronic transfer of these funds has been made this information will be securely disposed of.

**Name of person making this request (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If you fill in this form your personal information will be collected and handled by us. This information is necessary for us to provide you with a refund of payment made to the school for the activity listed. If you do not consent to supply us with this information, we will not be able to assist you with your request. This information will be securely disposed of at the completion of this transaction.