Excursion, Incursion and Camp Refund Policy / Guidelines

Rationale:

This policy is developed to provide and outline circumstances in determining eligibility for a full or part refund. The policy will ensure that the costs of excursions and camps do not require the school to incur additional direct costs or that other parents are being impacted financially due to students not being able to or wanting to attend.

Guidelines:

- All requests for a refund must be made in writing on the attached form.
- A request for a refund does not automatically equate to a part or full refund of monies paid.

Camps and Excursions:

- Students withdrawing from a camp, excursion or incursion are not automatically entitled to a refund.
- A non-refundable deposit is paid on the agreement of participation in the activity to hold a place in the camp or excursion. The details of this deposit will be outlined in the activity information.
- Refunds (less non-refundable deposit) may be paid to the parent/caregiver if the Principal deems the withdrawal from the activity is due to unavoidable circumstances e.g. medical grounds or a school sanctioned withdrawal. Proof may be required e.g. medical certificate.
- Where the school is charged a "group fee" as opposed to a "per head fee", a refund cannot be calculated until all costs associated with the activity have been met.

Request for Refund Process:

- Complete a Request for Refund form.
- Attach relevant documentation to the Request for Refund form, e.g. medical certificate
- Return the form to the Accounts Office for consideration.
- The Accounts Officer will determine the costs incurred by the school. Manager Corporate Services to approve/not approve refund.
- Accounts Officer will notify the parent/caregiver of the decision.
- Refund will be processed as per the selected options on Page 2 of the Refund form.

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Student Name	
Activity Name	
Activity Date(s)	
Teacher's Name	

Reason for Refund: (Attach any relevant documents e.g. medical certificate)

I understand and agree that:

A partial or full refund may not be made, having regard to the associated expenses already incurred by the school, and the school's refund guidelines.

Parent/Caregiver Name:

Parent/Caregiver Signature:

Date: / /

Should a refund be approved, please complete your options of how your refund maybe processed.

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The following options are available for approved refund requests:

1. Refund to a nominated bank account
2. Request the funds be allocated to any outstanding balance on the student or siblings account(s)
3. The school to retain as a credit on the account for future expenses and charges

I, _____

(Parent/Guardian Name – ***Must be the Fee Biller on the account***)

request that the approved refund for _____

(Student Name)

to be

☐ Fully refunded to the bank account nominated below

☐ Allocated to any outstanding balance on the student's account and the remainder:

- ☐ kept on account for any future expenses and charges
- ☐ refunded to the bank account nominated below
- ☐ allocated to the outstanding balance on the following sibling's accounts

_____

(Student Name)

_____

(Student Name)

☐ Retained in credit on the student account for any future expenses and charges

Bank Account Details

Account Name: _____

BSB: ____ - ____

Account Number: _____

I agree for any approved refund to be used as above and that I am the fee biller (responsible for payment of the student contributions and charges and excursions) for this account.

Fee Biller Name: _____

Fee Biller Signature: _____

Date: _____