



Rutherglen High School
PO Box 84
40 Sheridans Bridge Rd
Rutherglen, 3690
Phone: 02 6032 9483
Email: rutherglen.hs@education.vic.gov.au

Parent Request for Credit / Refund / Donation

| | |
|-----------------|---------|
| Parent Name: | Mobile: |
| Parent Email: | |
| Student's Name: | Class: |

| |
|--|
| Reason for Credit / Refund / Donation |
| |

Amount: \$ _____ Parent Signature: _____

I wish for the above amount to be:

- Credited to my child's account to be used for current outstanding charges
- Credited to my child's account to be used for next year's fees / camps / excursions / activities
- Donated to Rutherglen High School as a voluntary contribution (non-tax deductible)
- Refunded (please complete bank account details below)

| | |
|-------------------------------|--|
| Parent Banking Details | |
| Account Name: | |
| Bank/Branch: | |
| BSB No: | |
| Account No: | |

Office use only

Date Processed: ___/___/___ Credit / Refund / Donation Amount: \$ _____
Subprogram Name: _____ Code: _____
General Ledger Name: _____ Code: _____
GST Code: _____ Processed by: _____