

Application date: _____ / _____ / _____

Important Notes:

- Please submit the completed form to Student Services Department on Level 10, 310 King Street
- Applications must have receipt(s) attached. Applications without receipt(s) will not be processed.
- Application processing time may take up to 4 weeks form the date of submission and you will be notified with the outcome via email/phone/letter

CONTACT DETAILS

Student Number

FULL NAME _____

ADDRESS _____

DOB _____

EMAIL _____ PHONE _____

COURSE _____ CLASS _____

Credit / Refund Details (Please tick one)

- Application for Refund of School Fees Application for Credit of School Fees Application for Refund/Credit of Other Fees

Please specify reason:

Evidence Provided

- No
- Yes (Please attach and specify)

Bank Details For electronic funds transfer (eft) refund:

Bank Name: _____ BSB/Swift Number _____

Address _____

Account Number _____ Account Name _____

Student Delectionation

- I have provided all required information and I have read and understood Ozford's payment and refund policy.

Student Signature _____ **Date:** _____ / _____ / _____

Parents Signature (Under 18 students) _____ **Date:** _____ / _____ / _____

(Office Use Only)

1. STUDENT SERVICES	2. DEPT HEAD		3. ACCOUNTS	4. STUDENT SERVICES
<input type="checkbox"/> Maze/SOEAC <input type="checkbox"/> checked PRISMS status	Refund <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Refund Amount: \$.....	Credit <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Credit Amount: \$.....	Outstanding Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No Processed: <input type="checkbox"/> Yes <input type="checkbox"/> No Student Services Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SS has been informed <input type="checkbox"/> Update Record & File
Initials: Date:	Initials: Date:		Initials: Date:	Initials: Date:
Comments:	Comments:		Comments:	Comments: