



Student Refund Form

Student's Name:	
Year Level:	Age:
<input type="checkbox"/> I wish to apply any refund due to me against outstanding fees owing on my student's account with Cairns School of Distance Education. Any subsequent amount remaining of the refund, will be banked into my nominated bank account as per below.	
<input type="checkbox"/> I will arrange for the full payment of the outstanding fees owing on my student's account with Cairns School of Distance Education prior to any refund due to me being banked into my nominated bank account as per below.	
Parent / Carer's Name:	
Contact Telephone:	
Bank Account Details for EFT refund:	
Account Name:	
BSB:	Account Number:
Parent/Guardian's Signature: Date:	
<p>This form must be returned as soon as possible / within 5 working days.</p> <p>Email: studentaccounts@cairnssde.eq.edu.au</p>	