

ALEXANDRIA PARK COMMUNITY SCHOOL

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Friday 16th July 2021

RE: 2021 Excursion to Canberra

Dear Parents and Carers,

It is with regret that we have had to cancel our upcoming excursion to Canberra, due to current operational guidelines outlined by the government. Whilst this may not be surprising news, we do acknowledge that this confirmation will be very disappointing for our students and families. It also disappointing for our teachers who like the students look forward to excursions.

We extend our deepest sympathy to students about missing this opportunity, especially our Year 6 students who have had both their Stage 3 camps cancelled. Please rest assured that we are planning an alternative activity for our Year 6 students later in the year. We will communicate this once current restrictions are lifted and normal school operations resume.

We are offering full refunds for families:

- **Online payments** will be refunded to the bank account used for payment
- **In-person payments** will be refunded via EFTPOS at the front office using the card used for initial payment
- **Cash payments** will require parents/carers to fill in the form (overleaf) and refunds will be made to the nominated bank account

Please allow two weeks for refunds to be processed and showing in your bank account. If you are still awaiting your refund after 30th July, please contact Linda Turner via email- (linda.j.turner@det.nsw.edu.au).

As always, thanks for your support and please contact me if you require further information.

Kind regards,

Mr David Olsen
Stage 3 Assistant Principal
david.olsen1@det.nsw.edu.au

STUDENT REFUND APPLICATION (SCHOOL)

Please note: Refund can only be made to the person that made the original payment and only by the same method that was originally used.

Name of the person requesting the refund: _____

Address: _____

Suburb: _____ State: _____ Postcode _____

Students First Name: _____ Students Last Name: _____

Class: _____ Scholastic Year: _____

Original Payment for: _____

Date: _____ Amount: \$ _____ Receipt number: _____

Original Receipt Method: Cash

Reason for refund: _____

Refund Method

EFT – Bank _____ Account Name _____ BSB _____ Account No. _____

Signature

Date

SCHOOL OFFICE USE ONLY

Request for refund approval by (Name): _____

(Title) : _____ Date //

Approved By Delegated Officer (Name): _____

(Title) : _____ Date //

Processed in EBS4 Cashdesk by (Name) : _____ Date // / _

EBS4 Refund Receipt Number R _____ Quickmatch Refund Receipt No. _____

(if applicable)