FAMILY CREDIT / REFUND POLICY

Financial

**Rationale**

Saltwater College believes that the Camps and Excursion program is highly beneficial for students and provides opportunities for particular learning experiences that cannot be gained in the classroom. Saltwater College encourages all students to participate in camps and excursions.

There will be occasions when a student needs to withdraw from a camp or excursion after they have made payment. The school must ensure that the provision of services for students (i.e. excursions / camps / visiting groups / services) do not incur direct costs to the school.

**Aims**

To provide a fair and equitable credit/refund system.

**Guidelines**

Students withdrawing from camps and excursions will not be automatically entitled to a credit/refund.

1. Where the school is charged for the provision of a program or service as a bulk cost and not a “per head” cost, no refund or credit will be necessarily available. Credits/refunds will be at the Business Manager’s discretion and only after ascertaining if all the School’s outstanding costs are met.
2. Where a “per head” fee is charged, a credit may be given with proof of a Medical Certificate, except if the event is governed by the number of instructors required – e.g. swimming.
3. Where there is a combination of a bulk charge and a “per head” charge in an excursion (e.g. visit to a zoo where the bus charge is bulk cost and the entry fee is a per head cost, only the “per head” component will be credited to the family’s account.
4. Any excursion/incursion cost that has been paid and then cancelled, which is out of the School’s control, will be automatically credited to the family’s account and can be used for any other outstanding costs during the student’s time at Saltwater P-9 College.
5. Deposits paid for school camps will be non-refundable if due to a student’s change of mind or where the student’s place is not filled by another student. If the camp is cancelled by the school, then it is at the Principal’s or Business Manager’s discretion as to whether a family credit or refund can be given. If full payment is made for an interstate camp (Year 6 Canberra) and the child contracts COVID19 and is unable to attend, a Medical Certificate and/or RAT test must be provided for consideration of a full credit/refund.
6. The ‘Camps and Excursion Credit / Refund Request’ form must be completed for all reimbursements within **14 days of the event**. Form available from the office.
7. Credits/Refunds will be processed once all outstanding costs are met which includes outstanding fees.

**Evaluation**

This policy will be reviewed as part of the college’s annual review cycle

CREDIT / REFUND REQUEST FORM

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Credit / Refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be credited / refunded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick one of the below options:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Please allocate to outstanding charges on my account | | | | |
|  |  |  | | | | |
|  |  | Please leave credit on my account for future outstanding charges | | | | |
|  |  | |  | | | |
|  |  | Please refund via my bank account | | | | |
|  |  | |  | | | |
|  |  | | Account Name: | |  | |
|  |  | |  | |  | |
|  |  | | BSB: |  | Account Number: |  |
|  |  | |  |  |  |  |
|  |  | | Parent Signature: | |  | |

Parents Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

================================================================================

OFFICE USE ONLY

Approved: 🞏 Yes 🞏 No

Credit / Refund Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_