



CHARLES WESTON SCHOOL

Coombs

ABN. 62 364 519 252

Request for Refund

Family Name:		Family Key:	
Given Name:		Student Key:	
Contact No:			

Reason for Refund	
Amount of Refund	

Student(s) this relates to		Class	
		Class	
		Class	

Please note:

Refunds are paid by EFT only. Please provide the appropriate bank details.

BSB Number: _____

Account Number: _____

Name on the Account: _____

(Signature of the person making the request)

____/____/____
(Date)

80 Woodberry Avenue, Coombs ACT 2611

Ph 02 6142 0404

Email charlesweston@ed.act.edu.au

Web www.charlesweston.act.edu.au



ACT
Government
Education