



Highvale Secondary College Uniform Exchange Form

| | |
|---------------|-------------|
| Student Name: | Date: |
| Parent Name: | Contact No: |

**All returns/exchanges must be completed within 30 days of original purchase.
Garments must be unworn and in a saleable condition, with tags attached in original packaging.
Please email uniform@highvalesc.vic.edu.au if you have any queries.**

| Item Returning | Quantity | Size Purchased | Amount Paid |
|-----------------------|----------|----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Item Required | Quantity | Size Required | Price |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Variance | | | |

IF THERE IS A PRICE DIFFERENCE AND YOU NEED TO PAY EXTRA PLEASE COMPLETE PAYMENT PREFERENCE DETAILS BELOW

| | | | | | |
|--------------------|--|--|--|-------------|----|
| CREDIT CARD | | Please deduct total amount from my credit card | | Amount | \$ |
| Card Number | | Expiry | | CCV | |
| Card Name | | Signature | | Contact No. | |

| | | |
|-------------|-----------------|----|
| CASH | Amount enclosed | \$ |
|-------------|-----------------|----|

| | | | | |
|-------------|-------------|----|-----------|--|
| BPAY | Amount paid | \$ | Date Paid | |
|-------------|-------------|----|-----------|--|

| | |
|---|-------------------------|
| | Bill Code: 87361 |
| Reference No: Your family reference (if you do not know this please contact the general office). | |
| If you are paying by BPay please email admin@highvalesc.vic.edu.au to advise of your payment. | |

IF THERE IS A PRICE DIFFERENCE AND YOU ARE OWED MONEY YOU HAVE THE FOLLOWING OPTIONS PLEASE INDICATE PREFERENCE

- Keep credit on uniform shop account for future purchases
- Put credit onto family account for school fees
- Refund to your bank account, please provide bank details :

| | | | |
|--------------|--|-----------------------|----|
| Account Name | | Amount to be refunded | \$ |
| BSB | | Account Number | |