

BSB

Highvale Secondary College Uniform Exchange Form

SECONDARY COLLEGE					_,,,,						
Student						Date:					
Name:											
Parent								Conta	ict		
Name:						No:					
	All returns/exchan	_	-			•					
Garmo	ents must be unworn					_		_	-	kaging.	
Please email <u>7918-Uniform@schools.vic.ed</u> Item Returning						Quantity Size Purchased Amount Pa					aid
	•					<u> </u>	<u> </u>				<u></u>
Item Required						Quantity	Size Required		d	Price	
Total Variance											
	RICE DIFFERENCE AN	ID YO	U NEED TO I	PAY	EXTR	RA PLEASI	E COI	MPLETE PA	YMEN	T PREFE	RENC
DETAILS BELOW	1										
									T.		
CREDIT CARD Please deduct total amount from my co					ly cre	dit card Amount \$					
Card Number						Expiry	CCV				
Card Name Signature					Contact No.						
CASH	Amount enclosed	\$									
BPAY	Amount paid	\$ Dat			Date	e Paid					
	ode: 87361	_	//-								,
	ce No: Your family ling by BPay please		, -			· ·			_		•
you all pay	g by b. uy please	-	, , , , , , , , , , , , , , , , , , ,			0.0000000000000000000000000000000000000			y c c	paymon	
	RICE DIFFERENCE AN	ID YO	U ARE OWE	D M	ONE	Y YOU HA	VE T	HE FOLLOV	VING C	PTIONS	
PLEASE INDICAT			£		. م مام س						
•	dit on uniform shop it onto family accour			e pt	ırcna	ses					
	o your bank account			ank	deta	ils :					
Account Name			Aı	mou	nt to	be refunde	ed	Ś			

Account Number