

ST PETER APOSTLE PRIMARY SCHOOL

FEE PAYMENT PLAN CONSENT FORM

Mother's/Guardian Name:			
Father's/Guardian Name:			
Phone (H)	(В)	(M)	
Email address (for account cor	respondence)		
Student's Surname		First Name	Class
Student's Surname		First Name	Class
Student's Surname		First Name	Class
Student's Surname		First Name	Class
You MUST Mark one of the following payment frequency options: 3 TERM PAYMENTS: February, April and July. 9 MONTHLY PAYMENTS: 15 th of each month. Feb, Mar, April, May, June, July, August, Sept, Oct 18 FORTNIGHTLY PAYMENTS: Thursday Fortnightly commencing February 15 th final payment 10 th October 2024 35 WEEKLY PAYMENTS: Thursday Weekly commencing February 15 th final payment 10 th October 2024			
Please indicate one of the following payment methods: CASH CHEQUE EFTPOS CREDIT CARD: over phone DIRECT DEPOSIT INTO SCHOOL ACCOUNT: BSB 083-347 Account No. 637443255 Eldest Childs name must be quoted as Reference DIRECT DEBIT: from Credit Card Account (form attached)			

I/We hereby agree to be bound by this payment plan and method of payment for all School Fees while my child/children are attending St Peter Apostle Primary School. I/We understand that I/We can only change or cancel this arrangement in writing. I/We accept that it is my obligation to ensure the funds are available to meet this commitment or the School will have the right to commence its debt recovery process and to charge additional fees and administration costs, where applicable. I/We also agree that the payment plan will continue until such time as the account is finalised in full.

Parents Signature/s:_____ Date:______ Parents Signature/s:_____ Date:______ (All parties responsible for fees to sign)