



SCHOOL FEE AGREEMENT

In accordance with the Catholic Education Diocese of Bathurst Enrolment Policy, this School Fee Agreement is reached between St Raphael's Catholic School and the parents/carers of:

Student's Name: _____

Student's Date of Birth: / /

METHOD OF PAYMENT (PLEASE TICK IN EITHER SECTION A or B)

Please indicate in the following table the method of payment that you will utilise to pay your school fee account:

METHOD OF PAYMENT	Please Tick
I/WE WILL MAKE PAYMENTS BY TERM, THAT IS, WITHIN 14 DAYS OF THE ISSUED <u>INVOICE</u> IN TERMS ONE, TWO AND THREE BY:	
A	<input type="checkbox"/> BPAY <input type="checkbox"/> EFTPOS <input type="checkbox"/> CREDIT CARD <i>(Credit card option will be printed on School Fee Statements)</i> <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH
OR I/WE WISH TO PAY FEES <u>PERIODICALLY</u> AS FOLLOWS:	
B	<input type="checkbox"/> WEEK <input type="checkbox"/> FORTNIGHT <input type="checkbox"/> MONTH ALL PERIODICALLY PAYMENTS WILL BE MADE BY: <input type="checkbox"/> BPAY <input type="checkbox"/> DIRECT DEBIT <input type="checkbox"/> EFTPOS <input type="checkbox"/> CREDIT CARD <i>(Credit card option will be printed on School Fee Statements)</i> <div style="background-color: #f08080; padding: 5px; display: inline-block; margin: 5px;">Please note the preferred method of payment is Direct Debit</div> <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> CENTREPAY
I/We undertake to contact the finance office of my child/children's school to ascertain the amount required for the elected period.	

SCHOOL FEE ACCOUNT BILLING

The following should be noted by parents/carers in relation to account billing:

- Accounts will be addressed to all parties who have signed the enrolment application
- Accounts will be mailed, emailed to only one party or given to the youngest child in a family to take home

Please supply an email address for Accounts:

SIBLING/FAMILY DISCOUNT

As set out in the Diocesan School Fees Policy, Sibling/Family Discounts, families must provide information to schools in relation to all children attending Catholic schools in the Diocese. This information will be used to determine eligibility and apply Sibling/Family Discounts.

FAMILY NAME	GIVEN NAME	DATE OF BIRTH	GENDER	SCHOOL ATTENDING	YEAR

AGREEMENT

- I/We acknowledge as parents/carers, that we are jointly and severally responsible for the payment of school fees in full and/or in accordance with arrangements made.
- I/We understand that the amount of School Fees invoiced by the school will be provided to me/us.
- I/We agree to meet my commitment by the Payment Method indicated on this agreement.
- I/We understand that any costs associated with collection of outstanding school fees will be further invoiced to the school fee account and payment will be required.
- I/We acknowledge that personal information and details of outstanding school fees may be disclosed to outside agencies for debt collection activities should I/we default in payment.
- I/We undertake to contact the school to make amendments should circumstances change that may result in differences to this agreement including but not limited to sibling enrolment, change of bank accounts, change of payment method, etc.
- I/We understand that personal information and details of outstanding school fees will be shared by other schools in the Diocese in which siblings on this form are enrolled.

Parent(s)/Carer(s) Name: _____ Signature: _____

Parent(s)/Carer(s) Name: _____ Signature: _____

Date: / /