



Lighting the Way through Faith and Learning

DIOCESAN SCHOOL FEE AGREEMENT

In accordance with Diocesan School Fee Policy, parent/carers are afforded flexibility in the way in which school fees may be paid. To facilitate this flexibility families are required to complete a **School Fee Agreement** to advise the school of their intended payment option. **This Agreement only applies to those families who will have their full financial commitment to payment of fees within the school year in which they are invoiced.** Please refer to the Diocesan School Fee Policy for arrangements outside of this.

STATUS	NEW AGREEMENT	AMENDMENT	DATE
SCHOOL			
FAMILY NAME	(Surnames & First Names)		
PARENT/CARER 1			EMAIL
PARENT/CARER 2			EMAIL
Please provide an email address for ALL Parent/Carers for monthly statements to be emailed. Please note we require an email address for all parties.			
OLDEST CHILD IN THIS SCHOOL	(Surname & First Name)		YEAR

HOW YOU INTEND TO MEET YOUR COMMITMENT:

Please indicate in the following table your intended method and frequency of payment. An online 'School Fee Calculator' is available to calculate periodical payments on the school's website or at:

http://www.dow.catholic.edu.au/fee_calculator.html

METHOD OF PAYMENT							
Please Tick	I/WE WISH TO PAY FEES PERIODICALLY BY PAYMENTS OF:					\$	
	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> FORTNIGHTLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER		(Please detail)	
	ALL PERIODICALLY PAYMENTS WILL BE MADE BY:						
<input type="checkbox"/> BPAY	<input type="checkbox"/> DIRECT DEBIT	<input type="checkbox"/> EFTPOS	<input type="checkbox"/> CENTREPAY	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CASH/CHEQUE		

AGREEMENT CONDITIONS

- I/We agree to meet my/our commitment indicated on this agreement.
- 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.

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

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