



Payment Plan Application

(please complete in **BLOCK** letters)

1. Name and Details of Student

First Name: _____ Surname: _____

Academic Year at School in 2024: _____

2. Declaration and Agreement

I acknowledge my outstanding contributions and charges in the amount of \$_____, to be paid in the following instalments. I acknowledge it is my responsibility to ensure payments are kept in accordance with the plan and **full amount outstanding is paid by Thursday 28 March 2024:**

\$50 per month/fortnight/week	month	fortnight	week
\$100 per month/fortnight/week	month	fortnight	week
Other amount per	month	fortnight	week \$_____

I request the school to schedule payments from my credit card listed below commencing on: _____ (date).

Name (On Credit Card):

Cardholder's Signature *(If electronic the name on the Credit Card will be checked against the Cardholder's email address on the Student's Account)*

Signature

PARENT/GUARDIAN

First Name: _____ Surname: _____

Signed: _____ Date: _____

Principal Approved

Trevor Hunter _____ DATE: _____

Credit Card Number

Expiry Date:

____ / ____ / ____

____ / ____