

## PAYMENT ARRANGEMENTS FORM

To be lodged at the school office by 22 December 2018

### SECTION 1 – CHILDREN AT MACKILLOP CATHOLIC COLLEGE

Name of each child	Class
_____	_____
_____	_____
_____	_____

	Parent/guardian 1	Parent/guardian 2
<b>Name</b>	_____	_____
<b>Signature</b>	_____ Date: _____	_____ Date: _____

By signing this document each parent/guardian confirms their agreement to the payment arrangements outlined below. Separate copies of the form can be signed by each parent/guardian if convenient.

Where parents/guardians manage their finances separately from each other they may wish to split payment of fees between them by completing both columns below. However, most parents/guardians jointly pay fees and should only complete the left column below.

<b>TUITION FEES (Year 7)</b>
<b>\$4,190 per student</b>
*Tuition fees include all compulsory activities and additional levies will only be charged for non-compulsory activities.

### SECTION 2 – PAYMENT ARRANGEMENTS

	Parent/guardian 1 or both if jointly paying	Parent/guardian 2 ( <i>only if not jointly paying</i> )
<b>Percentage of fees</b>	<input type="checkbox"/> Jointly responsible or _____ %	_____ % (only complete if not jointly paying)
<b>Payment frequency</b>	<input type="checkbox"/> Annually <input type="checkbox"/> At the start of each term <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually <input type="checkbox"/> At the start of each term <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly
<b>Payment method</b>	<input type="checkbox"/> Direct debit ( <i>complete direct debit form</i> ) <input type="checkbox"/> Scheduled credit/debit card ( <i>complete section 4</i> ) <input type="checkbox"/> BPAY/BPoint ( <i>see details on invoice</i> ) <input type="checkbox"/> EFT/bank deposit ( <i>see details on invoice</i> ) <input type="checkbox"/> EFTPOS/cash/cheque ( <i>in person at school</i> ) <input type="checkbox"/> Centrepay ( <i>contact school office to arrange</i> )	<input type="checkbox"/> Direct debit ( <i>complete direct debit form</i> ) <input type="checkbox"/> Scheduled credit/debit card ( <i>complete section 4</i> ) <input type="checkbox"/> BPAY/BPoint ( <i>see details on invoice</i> ) <input type="checkbox"/> EFT/bank deposit ( <i>see details on invoice</i> ) <input type="checkbox"/> EFTPOS/cash/cheque ( <i>in person at school</i> ) <input type="checkbox"/> Centrepay ( <i>contact school office to arrange</i> )

Please note that these payment arrangements are administrative only and do not affect your ultimate joint and several legal liability for the entire amount of the fees.

In the event of default on payment arrangements, the total amount outstanding will become immediately due and the school reserves its right to take steps to recover it in full.

Monthly payments are to be made in 10 equal instalments due at the end of each month February to November.

### **SECTION 3 – FAMILY DETAILS**

A family discount can be claimed by families with multiple children at Tasmanian Catholic schools or colleges, in accordance with the Catholic Education Commission Tasmania School Fees Assistance Policy.

We wish to claim the family discount (**only available where this form is lodged on time**)

*If claiming the family discount please provide details of siblings at Tasmanian Catholic schools or colleges **other than MacKillop Catholic College**. Enrolment may be verified with the named school or college.*

Sibling name	Grade	School/college
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **SECTION 4 – CREDIT/DEBIT CARD DETAILS**

Complete this section where monthly credit/debit card has been chosen as a payment method.

Payments will be processed on the 10th of each month from February to November. On occasions where a scheduled payment falls due on a weekend, public holiday or during a school holiday break, the payment will be processed on the following business day or as soon as possible thereafter.

#### **Parent/Guardian 1**

Cardholder name	_____	Amount	\$ _____
Card number	_____	Expiry date	_____ / _____
Signature	_____		

#### **Parent/Guardian 2**

Cardholder name	_____	Amount	\$ _____
Card number	_____	Expiry date	_____ / _____
Signature	_____		

### **SECTION 6 – FEE ASSISTANCE**

Fee assistance may be available for families experiencing financial difficulty. Would you like someone from the school to contact you regarding fee assistance?

No       Yes

### **SECTION 7 – Statements**

From 2019 the college will be sending out all monthly statements electronically. If you wish to receive a monthly statement please provide your email address below.

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