

PAYMENT ARRANGEMENTS FORM

To be lodged at the school office by **23 November 2018**

SECTION 1 – FAMILY DETAILS

Name of each child at Larmenier Catholic Primary School

Class

_____	_____
_____	_____
_____	_____

Parent/guardian 1

Parent/guardian 2

Name

Signature

_____ 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.

SECTION 2 – PAYMENT ARRANGEMENTS

	Parent/guardian 1 or both if jointly paying	Parent/guardian 2 (<i>only if not jointly paying</i>)
Percentage of fees	<input type="checkbox"/> Jointly responsible or _____%	_____ % (only complete if not jointly paying)
Payment frequency	<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
Payment method	<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	<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

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.

[†] Annual payments received by the school before 31 March attract a 5% discount on fees (but not the capital levy or levies). Annual payments cannot be made by direct debit or Centrepay.

* Monthly payments are to be made in 10 instalments due:

- at the end of each month March to November; and
- by the end of Term 4, a final payment settling the account in full.

SECTION 3 – FAMILY DISCOUNT 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

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

Sibling name	Grade	Catholic school/college
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 4 – CREDIT/DEBIT CARD DETAILS

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

Payments will be processed on the 10th of each month from March to December. 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 5 – 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