



PARENT/CARER PAYMENT PLAN AGREEMENT 2018/2019

STUDENT'S NAME: _____ HOME GROUP: _____


PARENT'S NAME : _____ FAMILY CODE: _____ PH. NO: _____

Are you in receipt of any benefit Yes / No Please state (eg, Uniting Care, CSEF, etc) Pension/Health Card _____

I have read the information regarding School Charges and agree to be responsible for the payment of charges applicable to my child, named the above, on the following terms:

AMOUNT OWING FOR	CHARGES _____	\$ _____
	OTHER _____ (please specify)	\$ _____
	TOTAL	\$ _____

OPTION 1: (PAID IN FULL) Date: ____/____/____ Cash Credit Card Cheque \$ _____

 **OPTION 2: (CENTREPAY) – Please complete the CENTREPAY INFORMATION BELOW**
Please note there is a **minimum payment of \$10.00** per fortnight. \$ _____ p/f

Customer Reference Number(CRN): - - - **DATE OF BIRTH:** ____/____/____

FAMILY NAME: _____ **GIVEN NAME(S):** _____

From which payment do you want the deduction to be taken (eg: Age Pension, Newstart Allowance, Family Tax Benefit, Disability or Parental Leave Pay)? _____ **Do you want to specify a Target Amount?** \$ _____

Which payment date do you want the deduction(s) to start from? ____/____/____

Centrepay is a voluntary bill-paying service which is free for Centrelink customers. Use Centrepay to arrange regular deductions from you Centrelink payment.

You can start or change a deduction at any time. The quickest way to do it is through your Centrelink account online.

OPTION 3: (BPAY) I hereby undertake to pay from ____/____/____ **AGREED PAYMENTS \$** _____

Weekly Fortnightly Monthly

OPTION 4: (CASH) I hereby undertake to pay from ____/____/____ **AGREED PAYMENTS \$** _____

Weekly Fortnightly Monthly

If you would like your payments to continue (with no end date) whilst your child/children are at school please tick the box. If your account goes into credit, the credit will remain on your account until allocated to school charges or in the event of your child/children exiting, the credit will be paid direct into your account. A direct deposit form will need to be completed for this to happen.

**** OPTION 2** REQUIRES A MINIMUM PAYMENT of \$10 AND **OPTIONS 3, 4 & 5** REQUIRES A MINIMUM PAYMENT of \$20 PRIOR TO ACCEPTING THIS AGREEMENT (Regular payments are required for this agreement to remain valid.) Please contact the Administration Office if your circumstances change.

PARENT/ CARER: Signed: _____ Date: _____

BUSINES MANAGER: Signed: _____ Date: _____

OPTION 5: (Card Payments) I hereby authorise the Direct Debit Via COMPASS from VISA or MasterCard of AGREED

PAYMENTS \$ _____ **From** ____/____/____ Weekly Fortnightly Monthly

Card Number

Cardholders Name _____ Expiry Date

Cardholders Signature _____ Date ____/____/____

Calendar for Year 2019 (Australia)

January							
Week	Su	Mo	Tu	We	Th	Fr	Sa
1			1	2	3	4	5
2	6	7	8	9	10	11	12
3	13	14	15	16	17	18	19
4	20	21	22	23	24	25	26
5	27	28	29	30	31		
6:● 14:○ 21:○ 28:●							

February							
Week	Su	Mo	Tu	We	Th	Fr	Sa
5						1	2
6	3	4	5	6	7	8	9
7	10	11	12	13	14	15	16
8	17	18	19	20	21	22	23
9	24	25	26	27	28		
5:● 13:○ 20:○ 26:●							

March							
Week	Su	Mo	Tu	We	Th	Fr	Sa
9						1	2
10	3	4	5	6	7	8	9
11	10	11	12	13	14	15	16
12	17	18	19	20	21	22	23
13	24	25	26	27	28	29	30
14	31						
7:● 14:○ 21:○ 28:●							

April							
Week	Su	Mo	Tu	We	Th	Fr	Sa
14		1	2	3	4	5	6
15	7	8	9	10	11	12	13
16	14	15	16	17	18	19	20
17	21	22	23	24	25	26	27
18	28	29	30				
5:● 13:○ 19:○ 27:●							

May							
Week	Su	Mo	Tu	We	Th	Fr	Sa
18				1	2	3	4
19	5	6	7	8	9	10	11
20	12	13	14	15	16	17	18
21	19	20	21	22	23	24	25
22	26	27	28	29	30	31	
5:● 12:○ 19:○ 27:●							

June							
Week	Su	Mo	Tu	We	Th	Fr	Sa
22							1
23	2	3	4	5	6	7	8
24	9	10	11	12	13	14	15
25	16	17	18	19	20	21	22
26	23	24	25	26	27	28	29
27	30						
3:● 10:○ 17:○ 25:●							

July							
Week	Su	Mo	Tu	We	Th	Fr	Sa
27		1	2	3	4	5	6
28	7	8	9	10	11	12	13
29	14	15	16	17	18	19	20
30	21	22	23	24	25	26	27
31	28	29	30	31			
3:● 9:○ 17:○ 25:●							

August							
Week	Su	Mo	Tu	We	Th	Fr	Sa
31					1	2	3
32	4	5	6	7	8	9	10
33	11	12	13	14	15	16	17
34	18	19	20	21	22	23	24
35	25	26	27	28	29	30	31
1:● 8:○ 15:○ 24:○ 30:●							

September							
Week	Su	Mo	Tu	We	Th	Fr	Sa
36	1	2	3	4	5	6	7
37	8	9	10	11	12	13	14
38	15	16	17	18	19	20	21
39	22	23	24	25	26	27	28
40	29	30					
6:● 14:○ 22:○ 29:●							

October							
Week	Su	Mo	Tu	We	Th	Fr	Sa
40		1	2	3	4	5	
41	6	7	8	9	10	11	12
42	13	14	15	16	17	18	19
43	20	21	22	23	24	25	26
44	27	28	29	30	31		
6:○ 14:○ 21:○ 28:●							

November							
Week	Su	Mo	Tu	We	Th	Fr	Sa
44						1	2
45	3	4	5	6	7	8	9
46	10	11	12	13	14	15	16
47	17	18	19	20	21	22	23
48	24	25	26	27	28	29	30
4:○ 13:○ 20:○ 27:●							

December							
Week	Su	Mo	Tu	We	Th	Fr	Sa
49	1	2	3	4	5	6	7
50	8	9	10	11	12	13	14
51	15	16	17	18	19	20	21
52	22	23	24	25	26	27	28
1	29	30	31				
4:○ 12:○ 19:○ 26:●							