



St. Simon the Apostle Primary School

2 TAYLORS LANE ROWVILLE VICTORIA 3178

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ssrowville.catholic.edu.au

office@ssrowville.catholic.edu.au

School Fees Payment

Name: _____

Debtor Id: _____

Phone No: _____

Name & Year level of each Student: _____

Office Use
Charges for Year
Tuition fee: _____
Levies: _____
Swimming: _____
Camp: _____
Sports Fee: _____

I agree to pay the school fees balance \$ _____

I authorise the school to debit my credit card with the amount of \$ _____

Fortnightly/ monthly payment amount

Frequency: FORTNIGHTLY Commencing _____

MONTHLY A Commencing 7th _____ 2020

OR

MONTHLY B Commencing 21st _____ 2020

Please complete card details and sign below.

Tick one box only MASTERCARD VISA

Card No. Expiry Date: _____

Name: _____ Signature: _____

\$	Office Use		Office Use	
FEBRUARY			JULY	
MARCH			AUGUST	
APRIL			SEPTEMBER	
MAY			OCTOBER	
JUNE			NOVEMBER	