



St. Patrick's Parish Primary School
 119 Drummond St Sth, Ballarat 3350
 Phone 5332 7680 Fax 5333 2802
 Email: accounts@spbalarat.catholic.edu.au
 ABN: 52 341 536 710

2024 FEE PAYMENT AGREEMENT- Please return this form to the office by Friday, 1st December 2023

FAMILY NAME:

ACCOUNT NO (if known from fee statement):

CONFIRMATION OF EMAIL ADDRESS:

Required for fee statements to be emailed

STUDENTS AT ST PATRICK'S PRIMARY SCHOOL

STUDENT NAME	2024 YEAR LEVEL

2024 SCHOOL FEES: Fees are Tuition Fee \$1,600 per family, Capital Fee \$400 per family, Fundraising levy \$150 per family Student Fee \$360 per child. Year 5 & 6 camp fees \$350, Device fee \$100 per child (chromebooks years 3 to 6) and \$150 (iPads Foundation and Year 1).
 Exemptions (Families with health care cards) - Family Fee Assistance (\$1,480) per family, CSEF (\$125) per child.

1 Child: \$2,510
 + camp fees, device fee
 & arrears if applicable
 - exemptions if applicable

2 Children: \$2,870
 + camp fees, device fee
 & arrears if applicable
 - exemptions if applicable

3 Children: \$3,230
 + camp fees, device fee
 & arrears if applicable
 - exemptions if applicable

4 Children: \$3,590
 + camp fees, device fee
 & arrears if applicable
 - exemptions if applicable

If paying fortnightly divide by 20 (every 2nd Wednesday starting 14th February 2024, final payment 6th November 2024)

If paying monthly divide by 10 (14th of each month starting 14th February 2024, final payment 14th November 2024)

PAYMENT TYPE	PAYMENT FREQUENCY				PAYMENT AMOUNT
	CIRCLE PAYMENT FREQUENCY				
DIRECT DEBIT	FORTNIGHTLY	MONTHLY	ANNUAL		\$
	<i>Please fill in the Direct Debit section on the back of this form.</i>				
CREDIT CARD DIRECT DEBIT	MONTHLY	ANNUAL			\$
	<i>Please fill in the Credit Card Direct Debit section on the back of this form.</i>				
ELECTRONIC FUNDS TRANSFER (EFT)	FORTNIGHTLY	MONTHLY	ANNUAL		\$
	<i>St Patrick's Primary School - BSB 083-526 Account no 515666434. Please use your child's name as reference</i>				
CASH / CHEQUE	FORTNIGHTLY	MONTHLY	PER TERM	ANNUAL	\$
SALARY PACKAGING	WEEKLY	FORTNIGHTLY	MONTHLY		\$
	<i>St Patrick's Primary School - BSB 083-526 Account no 515666434. Please use your child's name as reference</i>				

THIS SECTION MUST BE READ AND SIGNED

I understand the attached 2024 School Fee structure and agree to fulfil my commitment to the payment of these fees, as selected above. I will contact the office if my details or circumstances change.

NAME: _____ SIGNATURE: _____ DATE: _____

DIRECT DEBIT – BANK ACCOUNT

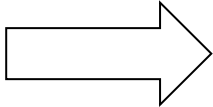
Name/s on Bank Account: _____

I request and authorise St Patrick’s Primary School (DE User ID No 153237) to arrange, through its own financial institution, to debit my account with the amount listed in the schedule below through the Bulk Electronic Clearing System from the bank account identified below until the end of the school year or other written agreement.

I understand and acknowledge that: I / We may, by prior arrangement and advice, vary the amount or frequency of future debits.

Signature of Bank Account Holder/s: _____

Date of Signature/s: _____

Current Direct Debit Bank Account Details on File	2024 Direct Debit Bank Account Details
Please use existing Bank Account Details provided to the school YES or NO (please circle) If NO, please complete 	Bank BSB Number _____ Bank Account Number _____ Name of Bank _____ Amount Debited \$ _____ Debit Frequency _____

CREDIT CARD - DIRECT DEBIT

Name on Credit Card: _____

I request and authorise St Patricks Primary School to debit my Credit Card account with the amount listed in the schedule below through the Credit Card System from the account identified below until the end of the school year or other written agreement.

I understand and acknowledge that: I / We may, by prior arrangement and advice, vary the amount or frequency of future debits. I will advise the office prior to my credit card expiring of the credit card details.

Signature of Credit Card Holder: _____ Date: _____

2024 Credit Card Account Details	
Credit Card Type: Mastercard / Visa (Please circle)	
Credit Card Number :	_____
Credit Card Expiry Date: ____ / ____	
Amount Debited \$ _____	
Debit Frequency Monthly / Annual (Please circle)	
Date to be scheduled _____ (If annual)	

OFFICE USE ONLY: ACCOUNT No: _____ ACCOUNT NAME: _____
DATE RECEIVED: _____ DATE PROCESSED: _____