

HACKHAM EAST PRIMARY SCHOOL

Arnold Drive, HACKHAM 5163
Telephone 08 8382 6551

dl.3636.leaders@schools.sa.edu.au

Collins Parade, HACKHAM 5163 Telephone 08 8382 3824 Fax 08 8382 3054 dl.1066.info@schools.sa.edu.au



2025 SCHOOL MATERIAL & SERVICES FEES

Attached is your invoice for School Fees.

The Compulsory School Materials & Services Fee has been established at \$300.00 per student for 2025.

This money, together with Education Department Global Budget Grant, is used to provide your child with text books, educational materials, computing, sporting equipment, apparatus and equipment in all subjects during the Year 2025 course of study at the school. Stationery, art supplies and duplicating materials will also be provided throughout the year.

SCHOOL CARD

For families who qualify for Government financial assistance (School Card) there is an allowance which provides for school material and service charges to be paid in full. You can apply for School Card online at sa.gov.au/education/schoolcard (instructions are enclosed)

NOTE: This form needs to be completed and lodged EVERY year (even if you have been eligible in previous years).

PAYMENT METHODS

Payments can be made by Cash, EFTPOS or Online via EFT. The schools EFT details are:

Signature:

A/C Name: Hackham East PS BSB: 105-136 A/C No: 510448140

Please ensure the transaction description includes your family code / family name so it can be matched to your account.

Payment instalment plans can be negotiated but you MUST see the Finance Manager **BEFORE 28th March 2025** to complete appropriate paperwork.

PLEASE COMPLETE AND RETURN WITH YOUR PAYMENT		
NAME OF STUDENT	Teacher	
NAME OF STUDENT	Teacher	
Please $lacktriangleq$ tick one of the following to indicate preferred payment method of school fees.		
☐ Full payment of \$300.00		
☐ I would like to negotiate part-time payments with the Finance Manager. My preference would be to pay per week / fortnight / month. Commencement date		
(Please circle app	oropriately)	(Signature of Parent/Caregiver)
FOR VISACARD/MASTERCARD ONLY		
CREDIT CARD PAYMENT AUTHORISATION	ON	Please tick one 🗹
Card No:		VISA CARD □
CCV No. (Last 3 digits on back of card)		MASTERCARD 🗆
Card Holders name:		
Expiry date: / Ar	mount: \$	