



# Payment Plan Application

(please complete in **BLOCK** letters)

## 1. Name and Details of Student

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Academic Year at School in 2025: \_\_\_\_\_

## 2. Declaration and Agreement

I acknowledge my outstanding contributions and charges in the amount of \$\_\_\_\_\_, to be paid in the following instalments. I acknowledge it is my responsibility to ensure payments are kept in accordance with the plan and **full amount outstanding is paid by 4 July 2025:**

\$50 per month/fortnight/week	month	fortnight	week
\$100 per month/fortnight/week	month	fortnight	week
Other amount per ....	month	fortnight	week \$_____

I request the school to schedule payments from my credit card listed below commencing on: \_\_\_\_\_ (date).

Name (On Credit Card):

\_\_\_\_\_

Cardholder's Signature *(If electronic the name on the Credit Card will be checked against the Cardholder's email address on the Student's Account)*

\_\_\_\_\_  
Signature

### PARENT/GUARDIAN

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approved

Trevor Hunter \_\_\_\_\_ DATE: \_\_\_\_\_

Credit Card Number

Expiry Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ / \_\_\_\_

FINANCE OFFICE USE ONLY:

Frequency of Payments and Amounts:

Final Payment Plan End Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processed By and Date: \_\_\_\_\_