

***Instalment*** ***Payment*** ***Plan*** ***2025***

***Please*** ***return*** ***to*** ***the*** ***school*** ***prior*** ***to*** ***February*** ***28th*** ***2025***

I would like to participate in the Instalment Payment Plan.

I understand that regular payments are to be made and the total amount of the Materials & Services Charges will need to be finalized by the end of Term 3, 2025. (26/09/25)

This agreement is considered to be a Commitment to Pay Agreement and unpaid monies will be forward to the Debt Recovery Unit as at the end of Term 3.

NAME: ………………………………………………………... PHONE: ……...…….…………….….

ADDRESS: ……………………………………………………EMAIL: ……………….………….….

STUDENT NAME………………… HOME CLASS: ………………….

TOTAL OUTSTANDING…………………….FAMILY CODE…………………

Payment may be made by cash, cheque, EFTPOS, Visa, MasterCard or by Direct **Bank** **Deposit** **(Bank** **SA** **Kapunda-** **BSB** **105-006.** **School** **account** **number** **–** **057125140.** **Please** **use** **your** **family** **ID** **as** **the** **Reference** **number** **which** **is** **located** **on** **the** **left-hand** **side** **of** **your** **invoice,** **i.e.,** **SMIT10**) *Students* *are* *to* *make* *payments* *prior* *to* *the* ***start*** ***of*** ***the*** ***school*** ***day*** (8.50 am) to avoid carrying around large sums of money. Parents/caregivers may make payments anytime from 8.30 am to 3.30 pm.

I (Parent/Caregiver Name) agree to make

weekly/fortnightly/monthly payments of $.................... being for ……………………………..

 IF YOU REQUIRE MORE ROOM TO WRITE ALL THE PAYMENTS ONTO THE FORM PLEASE ATTACH OR WRITE ON THE BACK OF THIS FORM

|  |  |  |
| --- | --- | --- |
| Payment Date | Amount | Balance |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Final payment to be made before end of Term 3 2025. Total Payment in full $..................

……………………………… ……………………… …………………………

Parent / Caregiver Signature Finance Office Signature Principal Signature