FAMILY PAYMENT REQUEST

Our preferred method of payment is through the Compass portal via Course Confirmations.

Please complete the below form and return to our school office to arrange an alternative method of payment.

Family Name:	No# of Students:			
Student/s Name/s:				
Credit Card via direct debit	ВРА	AY schedule		
Direct Bank Deposit	Cas	sh Payments		
Category			Total (per student)	✓
Curriculum Contributions (Essential classroom consu	ımables)		\$365	
Info Technology & Communications (ITC)			\$85	
Building fund (tax deductible)			\$60	
Library fund (tax deductible)			\$60	
School grounds maintenance and improvements			\$45	
First aid & Nurse			\$45	
Fruit for students			\$50	T
Total Other Contributions			\$710	
AYMENT SUMMARY. lease indicate frequency of contributions (tick): Fortnightly (26) Quarterly (4)	_	nthly (12) . amount (1)		
OTAL AMOUNT (\$):nclusive of all students, and selected categories)		OFFICE USE O	DNLY	
		DFKEY:		

By completing this form, you agree for our office to contact you and make arrangements towards voluntary contributions. Please note that all payments are made voluntarily and will only appear on your family statement once payments are received and receipted.