

**CATHOLIC EDUCATION**

DIOCESE OF WOLLONGONG

Serving Catholic systemic school communities in the
Illawarra, Macarthur, Shoalhaven & Southern HighlandsABN 67 786 923 621 • www.dow.catholic.edu.au*Lighting the Way through Faith and Learning***DIOCESAN SCHOOL FEE AGREEMENT**

(PLEASE TICK APPLICABLE)

Please complete this Agreement if you intend to **pay your school fees in full by the end of the school calendar year**.
If you are unable to meet your commitment please refer to the Diocesan School Fee Management Policy on the school's website or
contact the school office for further advice.

NEW SCHOOL FEE AGREEMENT	<input type="checkbox"/>	AMENDMENT TO EXISTING	<input type="checkbox"/>	DATE	
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SCHOOL NAME	
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SUBURB	
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FAMILY NAME	
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(Surnames & First Names)

ALL Parent/Carers must provide a current email address to facilitate monthly email of school fee statements to all parties.**PARENT/CARER 1**

NAME	
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(Surname & First Name)

EMAIL 1	
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PARENT/CARER 2

NAME	
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(Surname & First Name)

EMAIL 2	
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OLDEST CHILD IN THIS SCHOOL

NAME		YEAR	
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(Surname & First Name)

HOW YOU INTEND TO MEET YOUR COMMITMENT:

Please indicate your intended frequency, method of payment and payment amount. Payments can be determined by
accessing the Diocesan School Fee Calculator, available at: <https://www.dow.catholic.edu.au/school-fee-calculator/>

FREQUENCY, METHOD OF PAYMENT & AMOUNT OF PAYMENTS

PAYMENT FREQUENCY (When your payment/payments will be made)	(PLEASE TICK APPLICABLE)
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☐ Weekly☐ Fortnightly☐ Monthly☐ Other _____ (Please detail including date/dates)**PAYMENT METHOD** (How your payment/payments will be made)

PLEASE NOTE: BPAY IS OUR PREFERRED METHOD OF PAYMENT

☐ BPAY PAYMENTParent/Carers pay by internet banking using the Biller Code and Reference Number on the school fee statements to send payments
from their bank account to the school's bank account.☐ SCHOOL OFFICE

Cash/Cheque and EFTPOS Facilities are available at SFCC.

☐ CREDIT CARDSFCC accepts Credit Card payments by EFTPOS. Bpoint is available on the SFCC website. We do not process credit card payments over the
phone.☐ CENTREPAYParent/Carers provides a Centrepay Authority (available from the school) and Centrepay will make payments to their school fee account
on their behalf from Centrelink benefits**Payment Amount**

\$

AGREEMENT CONDITIONS

- I/We agree to meet my/our commitment indicated on this agreement.
- I/We undertake to contact the school to make amendments should circumstances change that result in differences to this agreement including but not limited to sibling enrolment, change of bank accounts, change of payment method, etc.

Parent/Carer(s) Name/s: _____ Signature/s: _____ / /