



St. Patrick's Parish Primary School  
 119 Drummond St Sth, Ballarat 3350  
 Phone 5332 7680 Fax 5333 2802  
 Email: [accounts@spbalarat.catholic.edu.au](mailto:accounts@spbalarat.catholic.edu.au)  
 ABN: 52 341 536 710

**2022 FEE PAYMENT AGREEMENT- Please return this form to the office by Friday, 3rd December 2021**

**FAMILY NAME:**

**ACCOUNT NO** (if known from fee statement):

**CONFIRMATION OF EMAIL ADDRESS:**

Required for fee statements to be emailed

**STUDENTS AT ST PATRICK'S PRIMARY SCHOOL**

STUDENT NAME	2022 YEAR LEVEL

**2022 SCHOOL FEES:** Fees are Tuition Fee \$1,500 per family, Capital Fee \$325 per family, Fundraising levy \$150 per family Student Fee \$320 per child. Grade 4 camp fees \$150, Grade 6 camp fees \$250, Yrs 3-6 chromebook fee \$100 Exemptions (Families with health care cards) - Family Fee Assistance (\$1,305) per family, CSEF (\$125) per child.

**1 Child: \$2,295**  
 + camp fees, chromebook fee & arrears if applicable  
 - exemptions if applicable

**2 Children: \$2,615**  
 + camp fees, chromebook fee & arrears if applicable  
 - exemptions if applicable

**3 Children: \$2,935**  
 + camp fees, chromebook fee & arrears if applicable  
 - exemptions if applicable

**4 Children: \$3,255**  
 + camp fees, chromebook fee & arrears if applicable  
 - exemptions if applicable

**If paying fortnightly divide by 20** (every 2<sup>nd</sup> Wednesday starting 16th February 2022, final payment 10<sup>th</sup> November 2022)

**If paying monthly divide by 10** (14<sup>th</sup> of each month starting 14<sup>th</sup> February 2022, final payment 14<sup>th</sup> November 2022)

PAYMENT TYPE	PAYMENT FREQUENCY				PAYMENT AMOUNT
	CIRCLE PAYMENT FREQUENCY				
DIRECT DEBIT	FORTNIGHTLY	MONTHLY	ANNUAL		\$
	<i>Please fill in the Direct Debit section on the back of this form.</i>				
CREDIT CARD DIRECT DEBIT	MONTHLY	ANNUAL			\$
	<i>Please fill in the Credit Card Direct Debit section on the back of this form.</i>				
ELECTRONIC FUNDS TRANSFER (EFT)	FORTNIGHTLY	MONTHLY	ANNUAL		\$
	<i>St Patrick's Primary School - BSB 083-526 Account no 515666434. Please use your child's name as reference</i>				
CASH / CHEQUE	FORTNIGHTLY	MONTHLY	PER TERM	ANNUAL	\$
SALARY PACKAGING	WEEKLY	FORTNIGHTLY	MONTHLY		\$
	<i>St Patrick's Primary School - BSB 083-526 Account no 515666434. Please use your child's name as reference</i>				

**THIS SECTION MUST BE READ AND SIGNED**

I understand the attached 2022 School Fee structure and agree to fulfil my commitment to the payment of these fees, as selected above. I will contact the office if my details or circumstances change.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DIRECT DEBIT – BANK ACCOUNT**

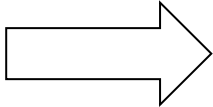
Name/s on Bank Account: \_\_\_\_\_

I request and authorise St Patrick's Primary School (DE User ID No 153237) to arrange, through its own financial institution, to debit my account with the amount listed in the schedule below through the Bulk Electronic Clearing System from the bank account identified below until the end of the school year or other written agreement.

I understand and acknowledge that: I / We may, by prior arrangement and advice, vary the amount or frequency of future debits.

Signature of Bank Account Holder/s: \_\_\_\_\_

Date of Signature/s: \_\_\_\_\_

Current Direct Debit Bank Account Details on File	2022 Direct Debit Bank Account Details
Please use existing Bank Account Details provided to the school <b>YES or NO</b> (please circle)  If NO, please complete 	Bank BSB Number _____ Bank Account Number _____ Name of Bank _____ Amount Debited \$ _____ Debit Frequency _____

**CREDIT CARD - DIRECT DEBIT**

Name on Credit Card: \_\_\_\_\_

I request and authorise St Patricks Primary School to debit my Credit Card account with the amount listed in the schedule below through the Credit Card System from the account identified below until the end of the school year or other written agreement.

I understand and acknowledge that: I / We may, by prior arrangement and advice, vary the amount or frequency of future debits. I will advise the office prior to my credit card expiring of the credit card details.

Signature of Credit Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

2022 Credit Card Account Details	
Credit Card Type: <b>Mastercard / Visa</b> (Please circle)	
Credit Card Number :	_____
Credit Card Expiry Date: ____ / ____	
Amount Debited \$ _____	
Debit Frequency Monthly / Annual (Please circle)	
Date to be scheduled _____ (If annual)	

**OFFICE USE ONLY:** ACCOUNT No: \_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_