



Payment Plan Request Form

Name of Parent/Guardian/Caregiver

requesting payment plan: _____

Student Name: _____ Grade: _____

Details of Payment Plan

Payment Increments:

- Weekly Fortnightly
 Monthly Other (please state) _____

Amount of Payment per Increment: \$ _____

Method of Payment Plan:

- Direct Debit CentrePay
 Other (please state) _____

For all payment plan requests by parents/guardians/caregivers, an appointment with Sue Higgins (Principal) is required. The office will contact you to confirm a time.

Signature: _____ Date: _____

Administration Use Only

Statement Attached:	Prepared by:	Any Forms Required:
Authorised by:	Notes:	