



CATHOLIC EDUCATION
DIOCESE OF WOLLONGONG
Serving Catholic systemic school communities in the
Illawarra, Macarthur, Shoalhaven & Southern Highlands
ABN 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
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<input type="checkbox"/> BPAY PAYMENT	Parent/Carers pay by internet banking using the Biller Code and Reference Number on school fee statements to send payments from their bank account to the school's bank account.
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<input type="checkbox"/> SCHOOL OFFICE	Cash/Cheque and EFTPOS Facilities are available at most schools.
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<input type="checkbox"/> CREDIT CARD	Schools accept Credit Card payments by various means. Please contact your school.
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<input type="checkbox"/> CENTREPAY	Parent/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
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<input type="checkbox"/> DIRECT DEBIT	Parent/Carers provides a Direct Debit Authority (available from the school) and the school will deduct payments from their Bank Account.
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PAYMENT AMOUNT	\$
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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: _____ / /