2020 SCHOOL FEE COMMITMENT FORM

FAMILY NAME …………………………………………………………….

STUDENTS NAMES ……..……………..……...Yr …. …………………………….Yr….. …………………………………Yr…..

To support the sustainability policy of the school, and to streamline office procedures, unless requested otherwise, all receipts will be emailed to the fee payer (n.b. The school admin software defaults to the Father as the fee payer)

AGREEMENT
We hereby accept responsibility for payment of the 2020 school fees at St James School Vermont.

 Options of payment, please choose one

( )	Full payment of school fees & levies by end of February ($100 discount applies)
( )	10 equal monthly instalments Feb – November 2020- Credit card (NAB transact)
( )	10 equal monthly instalments Feb – November 2020 - Direct debit from bank account
( )	22 equal fortnightly instalments Feb – November 2020 – direct debit from bank account
( )	3 equal instalments paid on 21st March, 21st June and 21st Sept – Credit card (NAB transact)
( )	3 equal instalments paid on 21st March, 21st June and 21st Sept – Direct debit from bank account
( )	3 equal instalments of entire account – March, June, Sept – Account sent home each Term
( )	I request an interview with the Principal to discuss alternate arrangements.

If your family plans to pay by direct debit or NAB Transact and you wish to continue with the same arrangement in the future, please tick the box below.

[ ] I wish to use the same payment arrangement as 2019 and will update the regular payment amount.
<div align="center">OR</div>
[ ] I wish to complete a new DDR /NAB Transact form each year.

 My regular payment for 2020 will be $................. per fortnight / month / quarter (please circle)

New forms are available at the office if you wish to change your direct payment arrangement.

Accounts may also be made at the school office by cash, credit card or cheque made payable to
St James School.
Payment via internet to NAB Account: 083 347 696463950 - St James School. Please include family name

Name _____ Signature_____ Date_____

Name_____ Signature_____ Date_____
Both parents to sign
<div align="center">OR</div>
If your family would like to split the payment of fees between both parents, please indicate below. **Please note** that each parent would be billed separately for half the account.

[ ] We wish to split our account as described below (both parents to sign)

Parent name…………………………………………… Signed………………………………………….

Parent name…………………………………………... Signed………………………………………….