



MARGARET RIVER SENIOR HIGH SCHOOL

Independent Public School

158 Bussell Highway, Margaret River, W.A. 6285

Phone: (08) 9757 0700 Fax: (08) 9757 2253

Email: MargaretRiver.SHS@education.wa.edu.au Website: www.margaretrivershs.wa.edu.au

ABN 70 847 797 698

Principal: Andrew Host B.Ed., Dip. Ed.

SET AND FORGET INSTALMENT PLAN

PARENT INFORMATION

Parent Name: _____

Contact Number: _____

Student Name: _____

Outstanding Amount: \$ _____

(Please call 9757 0700 if you need confirmation of the amount.)

IMPORTANT INFORMATION:

- If you are unable to pay your account in full by the end of Term 1, a payment arrangement must be formalised by completing Section 1 or 2 and returning it to Administration.
- If neither of these payment methods suit your circumstances, please do not hesitate to contact the school on 9757 0700 or email Accounts.MargaretRiver.SHS@education.wa.edu.au.

PAYMENT OPTIONS

IF COMMENCING IN TERM 1 Suggested amount of \$35.00 per fortnight for Yr7-8 and \$45.00 per fortnight for 9-12.

OPTION 1: Preferred Method - Instalment Plan. We will set this up for you.

Please provide Credit Card details:

- Name of Cardholder: _____
- Mastercard/Visa (Please circle one)
- Card Number: _____
- Expiry Date: _____ CCV: _____
- Date Debits to Commence: _____
- \$ _____

Please email Accounts.MargaretRiver.SHS@education.wa.edu.au should any of these details change.

OPTION 2: Fortnightly Direct Debit (To be set up by parent/guardian)

- \$ _____
- Starting on: _____
- Bank Account Details:
 - BSB: 016-520
 - Account Number: 1083 88617
 - Please use student name as reference.

ACKNOWLEDGEMENT OF PAYMENT ARRANGEMENT

I acknowledge that the school Charges and Contributions for my child will be paid in full by the end of the school year based on the above payment schedule. I will contact the school in writing should I be unable to commit to this agreement.

SIGNATURE: _____

DATE: _____

OFFICE USE

Date Entered: _____

End Date: _____