



Catholic Regional College Sydenham
 Address: 380 Sydenham Rd, Sydenham 3037
 PO Box 2192 TAYLORS LAKE VIC 3038
 Telephone: 9361 0054 Facsimile: 9390 2096
 Email: receivables@crs.vic.edu.au ABN: 22 394 397 639

2024 TUITION FEE PAYMENT PLAN AGREEMENT FORM

I/We _____ Debtor ID (if known) _____

Student Name _____ Address _____

Please complete each section below and return via email, post or in person using the details above.

Section 1 – Select one option:

- Annually** \$4,940.00 per year paid upfront, less \$100.00 discount if paid in full by 31st of March 2024
- Monthly** \$494.00 x 10 instalments due on the 15th of each month starting on the 15th of February 2024
- Fortnightly** \$247.00 x 20 instalments starting on the 2nd of February 2024
- Weekly** \$123.50 x 40 instalments starting on the 1st of February 2024

Section 2 – Select one option:

DIRECT DEBIT

I authorise Catholic Regional College Sydenham to debit my bank account

Account name _____

BSB _____

Account number _____

DEBIT OR CREDIT CARD

I authorise Catholic Regional College Sydenham to debit my Visa/Mastercard

Name on card (print) _____

Card number (16 digits) _____

Expiry date _____ / _____

BANK TRANSFER

Account Name: Catholic Regional College Sydenham

BSB: 083-347 Account No: 690280643

Reference: Students Full Name or Debtor ID

CENTREPAY

I, _____, authorise Department of Human Services to debit \$_____ per fortnight from my _____, and pay this amount to Catholic Regional College, Sydenham 555 075 604 X. CRN number: _____ Date of birth: _____

**Parents/legal guardians who hold a current Veterans Affairs Gold card, Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) should complete the CSEF form for the funding of \$225 per student per year. Please contact accounts at receivables@crs.vic.edu.au

Section 3 – Do the student(s) named above have siblings that will attend other schools in the CRC Federation in 2024:

Y or N If yes complete table below.

Student Name	Year Level in 2024	CRC Campus (CS, NK, St A, Sydenham)	Discount per Child
		CRC Sydenham	Not Applicable
			2 children - 10% discount
			3 children - 20% discount
			4 children - 30% discount

Section 4 – Are tuition fees to be split: Y or N If yes complete table below.

Contact Name	Split of fees (%)	Contact Number	Contact Email	Contact Signature

Section 5 – Declaration: I/We request that this authorisation form will remain valid until all fees have been settled.

Parent name(s): _____

Signature(s): _____ Date: _____