

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** \$5187.00 per year paid upfront, less \$100.00 discount if paid in full by 31st of March 2025
- Monthly** \$518.70 x 10 instalments due on the 15th of each month starting on the 15th of February 2025
- Fortnightly** \$259.35 x 20 instalments starting on the 7th of February 2025
- Weekly** \$129.68 x 40 instalments starting on the 6th of February 2025

SECTION 2 - Select one option:

- Direct Debit** I authorise Catholic Regional College Sydenham to debit my bank account.
- Debit or Credit Card** I authorise Catholic Regional College Sydenham to debit my Visa/ Mastercard.

Account Name	Name on card (print)
BSB	Card Number (16 digits)
Account number	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 075604 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 \$250 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 2025:

- Yes No If **yes** complete the table below.

Student Name	Year Level in 2025	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:

- Yes No If **yes** complete the 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: _____