



YEAR 11 2026 ENROLMENT APPLICATION FEE PAYMENT FORM

Non-refundable | Please send completed form to receivables@crccs.vic.edu.au

APPLICATION FEE

Enrolment applications submitted on or before the due date of **Friday 14 February 2025** are **\$250.00**.

Enrolment application fee increases to **\$500.00** for all applications submitted on or after **15 February 2025**.

Student Name: _____

Please select one option below to make payment:

DIRECT DEBIT I authorise Catholic Regional College Sydenham to debit my bank account

Name of Bank Account: _____

BSB Number: |_|_|_|_| - |_|_|_|_|_|

Account Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

DEBIT OR CREDIT CARD I authorise Catholic Regional College Sydenham to debit my Visa/Mastercard

Name on Credit Card (please print): _____

Credit Card Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiry Date: _____ / _____

BANK TRANSFER

Account Name: Catholic Regional College Sydenham

BSB: 083-347

Account No: 690280643

Reference: Student Name Enrolment (*please ensure student name is in the description*)

CASH

Cash is to be given to a Finance team member located in the front office of the Admin Building between 8:00am to 4:00pm, Monday to Friday.

DECLARATION

We accept that it is our responsibility to ensure there are sufficient funds in our nominated bank account or credit card to meet this payment. We understand that if there are no sufficient funds to meet this payment and bank fees are incurred as a result, we shall be responsible for payment of these charges. We request that any authority signed will remain in force until all outstanding fees have been settled. We acknowledge that we are severally liable for fees incurred.

Parent Name: _____

Signed: _____

Date: ____ / ____ / ____