Melbourne Archdiocese Catholic Schools

Catholic Regional College Sydenham
college address: 380 Sydenham Road, Sydenham 3037
telephone: 9361 0000 www.crcs.vic.edu.au
email: info@crcs.vic.edu.au
Faith *Seeking* Understanding

YEAR 11 2027 MACS ENROLMENT APPLICATION FEE PAYMENT FORM - $250.00

Please send completed form to receivables@crcs.vic.edu.au
This is not an application form, please ensure you have completed an online enrolment application

MACS ENROLMENT APPLICATION FEE

Enrolment applications submitted on or before the due date of **13 February 2026** are **$250.00.**

Enrolment application fee increases to $500.00 for applications submitted on or after 14 February 2026.

Please note: Enrolment application fee is non-refundable and cannot be applied to tuition fees

Student Name:_____

Please select one option below to make payment:

☐ **BANK TRANSFER**

Account Name: Catholic Regional College Sydenham
BSB: 083-347
Account No: 690280643
Reference: Student Full Name ***Please ensure this is included so we can allocate your payment to your child's application***

☐ **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: _____ /_____

☐ **CASH**

Cash is to be provided to a Finance team member at the College reception between 09:00am – 4:00pm, Monday to Friday (excluding public & school holidays).

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 (please print):_____ **Parent Phone Number:**_____

Signed:_____

Date: _____ / _____ /_____