

APPROVED PAYMENT PLAN ADVICE 2017 FEES – BPAY



Parent(s) / Caregiver(s) Surname: _____

Parent(s) / Caregiver(s) First Name: _____

This Approved Payment Plan Advice must be completed, signed and returned to the College Finance Secretary to establish an Approved Payment Plan with the College for the 2017 school year. Please refer to the information located on the College website by clicking Enrolment tab and selecting 'Fees' or via the Parent Portal to assist with completion.

Return to Margaret Avsec:

Fax - (07) 5529 4711
Email - mavsec@assisi.qld.edu.au
Post - PO Box 1496, Oxenford 4210
Drop - into Fees Office at the College

OFFICE USE ONLY			
Date Received	/ /	Account #	
<input type="checkbox"/> Loaded	<input type="checkbox"/> Classification Altered	<input type="checkbox"/> Notes Entered	<input type="checkbox"/> Balance Check

FEES CALCULATION WORKSHEET

MUST BE COMPLETED

Account Name:			
BPay Reference:		Billor Code:	616-318

Term Fees (as per 2017 Term Fees and Charges Schedule)			
1 st Child	Name	Year:	\$
2 nd Child	Name	Year:	\$
3 rd Child:	Name	Year:	\$
4 th Child:	Name	Year:	\$
Sub-total Term Fees:			\$
<i>Term Charges</i> (i.e. Child Care / Hospitality Certs \$80-130pt, Music / Business / Fitness Certs \$50pt, Futsal Elective Levy \$25pt)		Year:	\$
Total Term Fees:			\$
X 4 Terms or number of terms remaining =			\$
Camp / Retreat Fees (estimate only)	Year 5 - \$220, Year 6 - \$300, Year 7 - \$300, Year 9 - \$990, Year 11 - \$320		\$
Other Levies (estimate only)	Stationery Pack – Prep to Year 6 (\$90) Term 4 Sport Levy – Years 7 to 11 (\$90)		\$
Total Annual Fee			\$

Calculations		
Fee Balance as at:	dd / mm / yyyy	\$
Less payments yet to be receipted	# @ \$ =	\$
Total Annual Fee including Balance		\$

FEES CALCULATION WORKSHEET (continued)

Repayment Calculations – Weekly

Total Annual Fee	\$ _____ ÷ weeks = (rounded up to nearest \$)	\$ _____	per week
Start Date: / / 2017	Finish Date: / / 2017

OR

Repayment Calculations – Fortnightly

Total Annual Fee	\$ _____ ÷ fortnights = (rounded up to nearest \$)	\$ _____	per fortnight
Start Date: / / 2017	Finish Date: / / 2017

OR

Repayment Calculations – Monthly

Total Annual Fee	\$ _____ ÷ months = (rounded up to nearest \$)	\$ _____	per month
Start Date: / / 2017	Finish Date: / / 2017

I / We have read the Fees Policy on the College website and commit to the payment schedule as above which ensures that my / our fees have been paid in full by:

- 30 November 2017
- 3 November 2017 for Year 12 exiting families.

I / We agree to review my / our quarterly invoices for accuracy and extra charges that appear which have not been calculated in this worksheet and will manually pay either electronically or at the fees office by the invoice due date.

Parent / Caregiver Name: _____

Parent / Caregiver's Signature: _____

Date: _____