

FAMILY CODE:

PAYMENT BY INSTALMENTS

AS AUTHORISED BY THE BUSINESS MANAGER

2024 STUDENT RESOURCE SCHEME

STUDENT DETAILS

Student's Surname:..... Given Name/s.....

Roll Class/es:.....ID Number/s.....

Address:

Suburb Post Code: Phone:

PAYMENT DETAILS

Parent's Name:

MobileHome Phone Number:

PAYMENT SCHEDULE

Total Due: \$..... Items being paid:

DATE	AMOUNT	RECEIPT NUMBER	STAFF SIGNATURE

I agree to pay the above amounts in the instalments as indicated. I understand that if I do not do so items issued under the Student Resource Scheme will be withdrawn.

Parent/Guardian Signature

Date