

MOUNT CARMEL COLLEGE

A Catholic Co-educational Years R-12 School in the Josephite Tradition

Family/Billing ID ___

Year level:

(number on your Fees Statement)



Payment Plan Agreement Form

SCHOOL FEES 2024

Eldest Child's Name:

Parent/Guardian Name: ______

School fees will be invoiced annually (at the beginning of the year) with statements being issued at least once per term. Payment plans are established and organised to ensure you meet your financial obligations to the school.

All Parents/Guardians must complete this form and return to Finance at either Secondary or Primary Campus by 28 February 2024

Payment Frequency: Annual - 5% Discount applies if paid by 31 March 2024 Weekly payments - 42 weekly payments (Feb - Nov) - final payment by 30 November 2024 Fortnightly payments - 22 fortnight payments (Feb - Nov) - final payment by 30 November 2024 Monthly payments - 10 monthly payments (Feb - Nov) - final payment by 30 November 2024 3 or 4 term payments - Due 3rd Friday (each term) - final payment by 30 November 2024 Other (irregular) - A payment plan not covered above but final payment by 30 November 2024 To be negotiated - Please fill in your name, phone number or email						
PLEASE INDICATE YOUR PREFERE Please indicate an option	DIRECT DEBIT	W: CENTREPAY	BPAY or EFT	CREDIT CARD	EFTPOS	CASH
				(FAT ZEBRA)		
Annual						
Weekly Fortnightly						
Monthly						
3 or 4 term payments (circle one) Other						
Continue with current plan & will						
review & amend if required to ensure I meet Fee Policy due date						
To be negotiated - request for Business Manager or Accountant to contact you to discuss further	Contact name					
	Email or phone number					
I/We acknowledge by the signatuindividually responsible for paym	ent of all fees an	d charges.	0,		·	tly and
SignatureParent/Guardian 1			SignatureParent/Guardian 2			
Date			Date			
D.:		-0			WES	TERN

33 Newcastle Street, Rosewater

Phone: 8447 0500

17 Pennington Terrace, Pennington

Phone: 8447 0500