

**PARISH SCHOOLS OFFICE**  
*Serving the Catholic Schools of Coffs Harbour and Sawtell*

# School Fees Contract

*This document represents an agreement between the Trustees of the Roman Catholic Church for the Diocese of Lismore as represented by the Parish Schools Office and the parent/guardian(s) responsible for the payment of school fees.*

**ACCEPTANCE OF ENROLMENT FOR:** *(Please print)*

*(K – 12) \* (See Abbrev)*

<b>Surname</b>	<b>First Name</b>	<b>Gender</b>	<b>D.O.B.</b>	<b>Religion</b>	<b>Year</b>	<b>School</b>	<b>Start Date</b>

**Have you previously enrolled a child in any of our schools?**

No  Yes

**Do you have any children currently enrolled in any school(s)?**

No  Yes  *If yes, list below:*

**CURRENT ENROLMENTS:** *(Please print)*

*(K – 12)*

*\* (See Abbrev)*

<b>Surname</b>	<b>First Name</b>	<b>Year</b>	<b>School</b>

**\*School Abbreviations:**

**SJPC** – St John Paul College  
**SAPS** – St Augustine's Primary School  
**MHOC** – Mary Help of Christians Primary School  
**SFX** – St Francis Xavier Primary School  
 If other school(s), please specify

**Parent/Guardian 1:** *(Please print)*

**Parent/Guardian 2:** *(Please print)*

Relationship to Student: _____	Relationship to Student: _____
Title: _____ Surname: _____	Title: _____ Surname: _____
First Name: _____	First Name: _____
Street Address: _____ _____	Street Address: _____ _____
Postal Address: _____ _____	Postal Address: _____ _____
Phone (H): _____ (W): _____	Phone (H): _____ (W): _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Religion: _____	Religion: _____
D.O.B.: _____	D.O.B.: _____
Country of Birth: _____	Country of Birth: _____

***Please turn over to complete payment plan and declaration*** ➤

**OFFICE USE ONLY**

File Notes: <input type="checkbox"/>	Invoiced: <input type="checkbox"/>	Interview Date: .....	Family Code: .....
WCA: <input type="checkbox"/>	Scanned: <input type="checkbox"/>	Interviewed By: .....	Checked By: .....
School(s) Contacted: <input type="checkbox"/>	Parish: <input type="checkbox"/>		

**Payment Options: (One of the following must be selected)**

I/We elect to pay by: (Please tick)

- Lump sum for year - **due by 1<sup>st</sup> March**
- 3 equal instalments - **due by 1<sup>st</sup> March, 1<sup>st</sup> June, 1<sup>st</sup> September**
- Monthly instalments - **due by 1<sup>st</sup> of each month (1<sup>st</sup> February to 1<sup>st</sup> December)**
- Fortnightly instalments - **commencing end of January and finishing by end of November**
- Weekly instalments - **commencing end of January and finishing by end of November**
- Special arrangement - **per agreement with Parish Schools Office**

**Payment Method: (One of the following must be selected)**

The preferred method of payment is by **Direct Debit Request** (attached). If other payment option required, please discuss with Parish Schools Office: (Please tick)

- Direct Debit       BPay       Centrepay       Other (specify) .....

**Name and Address for School Fee Statements (ONE ACCOUNT ONLY WILL BE ISSUED): (Please print)**

(School fees accounts are posted to parents/guardians in January and December each year)

Title: (e.g. Mr & Mrs) \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Preferred method of correspondence (other than for statements):      **Email**       **Mail**

**Declaration: (Must be signed by BOTH PARENTS or GUARDIANS where applicable)**

(Note: Parents/Guardians MUST NOT WITNESS each other's signatures)

I/We hereby acknowledge the information given on this form is true and correct.

I/We have read the Parish Schools Office Terms and Conditions of Enrolment (enclosed), and in return for the provision of education services, accept responsibility to pay the Standard School Fees and any ancillary fees e.g. music, elective fees etc, as set from year to year in respect of any of my/our children enrolled with the Parish schools, promptly and in accordance with my/our selected payment option. I/We acknowledge that the Schedule of Standard School Fees is attached and understand that it is revised annually. (The updated school fee schedule is mailed to all families before the end of each year.) If, for any reason, I/we am/are unable to honour this commitment, I/we will contact the Parish Schools Office immediately to organise a mutually agreeable payment plan. I/We acknowledge that changes to family structure do not affect liability under this agreement, nor under any prior enrolment agreement. The signatories to this contract remain jointly and severally liable irrespective of any change of circumstances unless (1) there is mutual agreement with all parties to this contract, or (2) a court order issues instructions overriding this contract.

Signed in agreement with and acknowledgement of the foregoing:

Name of Parent/Guardian 1 (Please print)	ID. Number (Parent/Guardian 1)	Date
Signature of Parent/Guardian 1	<input type="checkbox"/> Licence <input type="checkbox"/> Passport <input type="checkbox"/> Other (specify) .....	
Name of Witness (Please print)	Signature of Witness	Date

Name of Parent/Guardian 2 (Please print)	ID. Number (Parent/Guardian 2)	Date
Signature of Parent/Guardian 2	<input type="checkbox"/> Licence <input type="checkbox"/> Passport <input type="checkbox"/> Other (specify) .....	
Name of Witness (Please print)	Signature of Witness	Date