

SCHOOL FEES PAYMENT PLAN

Finance Department: accounts@dharmaschool.com.au In accordance with the Daylesford Dharma School Enrolment Policy, this School Fee Agreement is reached between the Daylesford Dharma School and the Parents/Carers of:

Student Details:	
Student's Name:	
Student's Address:	
Student's Year Level 2024:	

I/We agree to pay Daylesford Dharma School fees for 2024 as detailed below:

Prior Year Outstanding School Fees	\$
Term 1 Fees	\$
Term 2 Fees	\$
Term 3 Fees	\$
Term 4 Fees	\$
Other School Activity Fees	\$
Total Payable	\$

Payment Options				
Payment will be made (please	e tick one):			
	Weekly	One-off Payment		
	Fortnightly	4 Instalments		
	Monthly			
Payment(s) over the period as	s stated below. *Please note fees apply			
First payment due on:		/ 2024		
	(insert number of payments) of:	\$		
Last payment due on:		/ 2024		
	ue to be <u>finalised no later</u> than 30 November 2 nents have been made with the Finance Depa rwise indicated.			



Payment Methods		
Payment methods av	vailable (tick appropriate box and complete details):	
	IN PERSON VIA CASH / CREDIT CARD (OR OVER THE PHONE)	
	Credit Card <u>AUTOMATIC</u> Deductions (we only accept Visa Card and MasterCard).	
Card Number:		
Expiry Date:		
Name on Card:		
Fee of 1.9% will apply		
	EFT to Daylesford Dharma School. Please ensure you use your child's 'SURNAME' as the reference on your transfer. Alternatively, you could setup a recurrent online bank transfer as per your nominated payment frequency.	
	Bank Details: BANK NAME: Bendigo Bank BSB: 633 000 ACCOUNT NUMBER: 135 332 278 ACCOUNT NAME: Daylesford Dharma School	

Agreement:

I/We understand that payment of my/our account is my/our responsibility. If I/We do not commence payment of the account as per agreement – (see payment options) or organise a mutually acceptable payment arrangement with the School within 7 days of a defaulted payment, I/We understand that the full year's school fees (and any previous year's outstanding school fees) become due and payable immediately. Should my/our account be placed in the hands of debt recovery consultants, then I/We agree to pay all expenses relating to the recovery of my/our account, and that any default debt may be reported to a credit reporting agency.

Parent/Carer Signature:	
Date:	
Parent/Carer Signature:	
Date:	

Office Use Only

Date Received and Initials: