



NAME OF SCHOOL:

SUBURB:

SCHOOL FEE REMISSION ACCEPTANCE FORM

The School Fee Co-Ordinator

(Name Of School)

REF: ACCOUNT NO:

I / We understand that the school fee payable for my/our child/children attending

 in is \$

(Name of School)

(Year)

(The above amount applies to the (Year) school year only, the reduction will be reviewed if applied for again in (Year +1))

I / We intend to pay this amount by:

Direct Debit \$ each fortnight / month for fortnights/months.

Signature:



Please print name:

Date: