



PARENT PAYMENT INSTALMENT APPLICATION 2021

STUDENT'S NAME: _____	GRADE: _____
PARENT'S NAME _____	PH. NO: _____

I have read the Grovedale Primary School Parent Payment Arrangements and agree to be responsible for the payment of charges applicable to my child on the following terms:

OPTION 1:

EFTPOS - I hereby undertake to pay from / /..... AGREED PAYMENTS of: \$ ____

Weekly Fortnightly Monthly

Mastercard Visa

CARD NUMBER: Please complete below:

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PRINT NAME:	
SIGNATURE:	DATE:

OPTION 2:

B-Pay - I hereby undertake to pay from / /..... AGREED PAYMENTS of: \$ ____

Weekly Fortnightly Monthly

OPTION 3:

CASH - I hereby undertake to pay from / /..... AGREED PAYMENTS of: \$ ____

Weekly Fortnightly Monthly

Signed: _____
(Parent/Guardian)

Date: _____

Signed: _____
(Business Manager)

Date: _____