Parent(s) / Caregiver(s) Surname: _______________________________________

Parent(s) / Caregiver(s) First Name: _______________________________________

This Payment Arrangement Advice must be completed and signed in all the appropriate places and returned to the College Finance Office to establish a payment arrangement on school fees for the 2017 College year. Please refer to the information located under the Fees tab on the College website to assist with completion.

Return to Cathy Stanley:
Email - cathys@aquinas.qld.edu.au
Post - PO Box 34, Ashmore City 4214
Drop - into Finance Office at the College

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date Received</th>
<th>/</th>
<th>/</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Loaded</td>
<td>☐ Classification Altered</td>
<td>☐ Notes Entered</td>
<td>☐ Balance Check</td>
</tr>
</tbody>
</table>
Accounts:

1. The Annual Fee is billed over three school term instalments at the commencement of Terms 1, 2 and 3. These are emailed to you and you will also receive a statement via email in Term 4 to check any outstanding balances that need to be cleared by 31st December of that year.

2. The statement must be paid by the due date shown on the fee statement. If a formal payment plan has been entered into, the finalisation date is extended until 31 December of that year. All fees and levies must be paid by that date.

3. Arrangements can be made for fees to be paid in a lump sum or over other periods of time other than by term. These arrangements must be made with the Finance Administrator.

4. Accounts can be paid by BPAY, EFTPOS, cash, cheque, debit card, credit card or by direct debit from nominated accounts or by payroll deduction if available. Again, formal payment plans must be organised through the Finance Administrator.

5. The Finance Administrator must be contacted to obtain approval for an extension of time to pay the fees if circumstances arise where an account cannot be settled by the due date. Please contact if you need to set up a formal payment plan also. Please note these plans are only valid for the current year and need to be set up for the following year’s fees.

6. A 5% discount of Tuition Fees applies for early payment of Fees (i.e. full payment of annual Tuition & Levy Fees by the Term One due date). Please notify the College if you pay full fees via BPAY so we can adjust your statement accordingly.

DISCOUNT: PLEASE NOTE THAT THIS APPLIES TO THE TUITION FEE PORTION ONLY.

Students participating in optional activities requiring a financial commitment:

It is a requirement that monies paid to Aquinas College for whatever purpose will be allocated according to the following priorities. Therefore, students may not attend optional excursions, activities, or sports until the following criteria have been met:

- School fees and levies are to be paid in full or you are on a formal payment plan with the College and there is a solid history of your financial commitment to the College.

- Optional activities associated with the teaching and learning curriculum.

- Optional participation associated with co-curricular activities.
Exit Notice:

1. One term’s notice is required in writing of intention to withdraw student/s from the College. In lieu thereof, four weeks’ fees at the rate fixed by the College for the ensuing term shall be payable.

2. Appropriate exit form to be completed and signed by parent/guardian. These are located on our Website.

Overdue Accounts:

Every effort will be made by the College to make contact with any family with an overdue account and to negotiate a payment plan that is in line with the family’s current financial position. This will include contact via email, telephone and letter. Accounts which have passed the due date and have not been settled or are not on an approved payment agreement will be charged a $50 late fee; it is the family’s responsibility to manage their account with the College.

Should a family fail to respond to these contacts and to negotiate a payments plan schedule which addresses the school fee account, the family will be referred to a registered debt collection agency which will work with the family to address the debt. Any family on a negotiated payment plan which is broken without consultation with the Business Manager will also be referred directly to the debt collection agency. Please note that debt collection fees may also be added onto your account.

Exclusion of Students:

Approval has been given by the Executive Director for the exclusion of students from enrolment for the following year if:

(a) Fee accounts are not paid, or
(b) Satisfactory alternative arrangements have not been made by the end of the school year.

For further information regarding the issue and payment of school fees can be obtained by contacting the College Finance Administrator or the Business Manager.
# FEES CALCULATION WORKSHEET

MUST BE COMPLETED

Account Name: 

BPay Reference:  

Biller Code: 

## Term Fees
(as per 2017 Term Fees and Charges Schedule)

<table>
<thead>
<tr>
<th>Child</th>
<th>Name</th>
<th>Year</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4th</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Sub-total Term Fees: $ 

Subject Levies Year: $ 

Total Term Fees: $ 

X 4 Terms or number of terms remaining = $ 

Camp / Retreat Fees (estimate only) $ 

Other Levies (estimate only) $ 

Total Annual Fee $ 

## Calculations

Fee Balance as at: dd / mm / yyyy $ 

Less payments yet to be receipted # @ $ = $ 

Total Annual Fee including Balance $
### Repayment Calculations – Weekly

<table>
<thead>
<tr>
<th>Total Annual Fee</th>
<th>$ \div \text{rounded up to nearest $}</th>
<th>$ \text{ per week}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>…. / …. / 2017</td>
<td>Finish Date:</td>
</tr>
</tbody>
</table>

### OR

### Repayment Calculations – Fortnightly

<table>
<thead>
<tr>
<th>Total Annual Fee</th>
<th>$ \div \text{rounded up to nearest $}</th>
<th>$ \text{ per fortnight}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>…. / …. / 2017</td>
<td>Finish Date:</td>
</tr>
</tbody>
</table>

### OR

### Repayment Calculations – Monthly

<table>
<thead>
<tr>
<th>Total Annual Fee</th>
<th>$ \div \text{rounded up to nearest $}</th>
<th>$ \text{ per month}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>…. / …. / 2017</td>
<td>Finish Date:</td>
</tr>
</tbody>
</table>

I / We have read the Fees Policy on the College website and commit to the repayment schedule as above which ensures that my / our fees have been paid in full prior to the end of:

- Term 4 2017 (for fixed date arrangements)
- 31 December 2017 (for ongoing arrangements)
- 11 November 2017 for Year 12 exiting families.

I / We agree to review my / our quarterly invoices for accuracy and extra charges that appear on these invoices which have not been calculated in this worksheet will be manually paid either electronically or at the fees office by the invoice due date.

Parent / Caregiver Name:  

Parent / Caregiver’s Signature:  

Date:
AQUINAS COLLEGE
GOLD COAST

Edmund Rice Drive, Ashmore Qld 4215
P: 07 5510 2888
F: 07 5510 2899

PO Box 34, Ashmore City Qld 4214
E: info@aquinas.qld.edu.au

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

☐ NEW REQUEST  ☐ ALTERATION  ☐ CANCELLATION  

Date (dd/mm/yy):  /  / 20

Surname: ___________________________ Name: ___________________________

Address: ___________________________ State: ___________________________

Postcode: ___________________________

CARD DETAILS (All details must be supplied)

Type of Card (please tick): ☐ VISA ☐ MASTERCARD

Cardholder Name (as appears on card): ___________________________

Card Number: ___________________________ Expiry Date (dd/mm/yy):  /  / 20

Please black out this section after loading.

DESCRIPTION OF GOODS/SERVICES (For example, school fees)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PAYMENT DETAILS

Amount per debit: $ ___________________________

Start Payment Date (dd/mm/yy):  /  / 20

Final Payment Date (dd/mm/yy):  /  / 20

Payment Frequency (please tick): ☐ fortnightly ☐ monthly ☐ once only

I hereby authorise the Merchant to debit my Card Account with the amount and at the
intervals specified above for goods/services as described.

This authority shall stand, in respect of the above specified Card and in respect of any
Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing
of its cancellation.

Cardholder’s Signature: ___________________________

Date (dd/mm/yy):  /  / 20

Office Use Only Reference: ___________________________

PLEASE NOTE: Form to be retained for your records. Do not forward to AOF.