# VICTORIA PARK STATE SCHOOL

D.I.V.E. Into Learning - Achieve Your Personal Best

PO Box 4024, Mackay, QLD, 4740

Phone: 07 49516333

Email: admin@victoriaparkss.eq.edu.au



## **Payment Plan Participation Form**

PLEASE READ CAREFULLY – This payment plan must be negotiated with Business Manager or nominated Administration Officer. A payment plan must be in place and up to date for 1 (one) clear term prior to being considered eligible.

- 1. This form is to be completed by person applying for PAYMENT PLAN.
- 2. Payment Plans will only be accepted for Student Resource Scheme (SRS) and Curriculum related fees.
- 3. This application applies to the academic year for which it is lodged only
  - a. A plan is only valid if you are making regular payments, as per your agreement
  - b. it is your responsibility to contact the BM or delegate if you are unable to make payments to alter your application
  - c. If payments are continually missed and no contact has been made to the school your plan will be voided.
- 4. This payment plan will only take affect once approved by the Business Manager.

### **Payment Options**

The Payment Plan may be made by CentrePay, BPoint, QParents or by direct deposit to the school's bank account.

For payments made by direct deposit to the designated bank account, the payment reference must be recorded as the student's surname, first initial or name, SRS (for example: Smith, Jessica SRS). The acknowledgement from the financial institution of the successful transfer of funds should be printed and retained as a record of payment. A school receipt will be issued on request. For payments by credit/debit card, a receipt will be issued. All receipts and documentation on the scheme should be retained by the parent/carer for future reference and possible taxation purposes.

#### **Financial Hardship**

- 1. Parents/Carers participating in a payment plan whom experience financial hardship are encouraged to contact the Business Manager to discuss how their financial obligations can be met throughout the school year, or to negotiate alternative arrangements that may be available to accommodate their individual circumstances. All discussions will be held in the strictest confidence. Any concessions to the participation fee will be at the discretion of the Principal.
- 2. Payment of the payment plan is to be made according to the payment arrangement option as indicated.
- **3.** Non-payment of the scheduled payment plan by the designated payment amount/s will generate a reminder notice to the parent/carer from the school at intervals of 30 days overdue, 60 days overdue and 90 days overdue.

PAYMENT PLAN AGREEMENT					
OFFICE USE ONLY					
☐ Approved ☐ Not Appro	oved	Date: /	1		
☐ Copy sent to applicant	In	itials:	_ Date: /	1	
Section A					
PARENT / GUARDIAN SURNAME		PARENT/ GUARDIAN GIVEN NAME			
ADDRESS			CONTACT PHONE NO		
STUDENT/S SURNAME:	STUDENT/S GIVEN NAME:		YEAR	AMOUNT OUTSTAND	
Section B					
NOMINATED PAYMENT FREQUENCY (Please tick)					
☐ Weekly, over wks ☐ Fortnightly, overfnts ☐ Monthly, overmths					
MET	THOD OF PA	YMENT (Please ticl	<b>(</b> )		
□Centrelink (CentrePay) Deduction (preferred) □ BPoint Direct Debit (preferred)					
☐ Direct Deposit to Bank Accou	ınt				
If CentrePay is	s selected, p	lease provide the	following:		
Parent CRN: Parent DOB: / /					
Date of first deduction / / Amount per fortnight to be deducted: \$					
Benefit Name (eg. NewStart, FTB):	:		_		
TOTAL TO BE PAID:		\$			
INSTALLMENT AMOUNT PER PA	\$				
NUMBER OF INSTALLMENTS:					
DATE OF FIRST PAYMENT:					
PLEASE NOTE:  No resources are issued to student is returned to the school.  This agreement must be maintained. If you have selected Centrelink Decrequire your CRN and DOB. Alternative All payment plans are to be finali	d for your child to ductions you will b atively, you can no ised by the end of ease ensure to se : Commonwealth on that I have read	retain access to resource sent the details required the these details on the fundame. The true the direct debit via a Bank BSB 064-707 Acres and understood the terrors.	ces ed via email upon the bottom on the form your online banking count Number 47 ns & conditions no	returning the form . g to Victoria Par	m. We
Parents Signature:				_ Date:	/ /
Principal/Business Manager Approval:				Date:	/ /