



2022 School Fees

YEAR LEVEL	RECURRENT FEE	CAPITAL FEE	CURRICULUM	IT LEVY	TOTALS	Approx. Guide (amount will vary depending on start date and family fee)		
						Month	Fnght	Wkly
7	\$3,300	\$200	\$910	\$400	\$4,810	\$481	\$268	\$106
8	\$3,300	\$200	\$910	\$400	\$4,810	\$481	\$268	\$106
9	\$3,750	\$200	\$910	\$400	\$5,260	\$526	\$292	\$114
10	\$3,750	\$200	\$910* Outdoor ED additional fee payable		\$4,860	\$486	\$270	\$106
11	\$4,000	\$200	\$910* depending on subjects other charges may be applicable VET/VCAL		\$5,110	\$511	\$284	\$111
12	\$4,000	\$200	\$910* depending on subjects other charges may be applicable VET/VCAL		\$5,110	\$511	\$284	\$111

***Less Sibling Discounts. **CSEF funding if applicable will be deducted from your account application form must be completed

2022 TUITION FEE PAYMENT PLAN AGREEMENT FORM

I/we Debtor ID (if known)

Address

Preferred email address for bills

Please complete each section below and return via email, post or in person using the details above.

Section 1 – Select one option (tick ✓)

- Annually** Full amount per year, less \$200.00 discount if paid in full by 28th of February 2022
- Monthly** 10 instalments due on the 15th of each month starting on the 15th of February 2022
- Fortnightly** 18 instalments every Friday starting on the 4th of February 2022
- Weekly** 46 Instalments every Thursday starting on the 3rd of February 2022

Section 2 – Select one option (tick ✓)

DIRECT DEBIT

I authorise Kolbe Catholic College to debit my bank account

Please debit \$ from

Account Name

BSB

Account Number

DEBIT OR CREDIT CARD

I authorise Kolbe Catholic College ID 381547 to debit my Visa/Mastercard

Name on Card (print)

Card Number (16 digits)

Expiry Date / \$

CENTRE PAY

I authorise Services Australia to debit \$ per fortnight from my and pay this amount to Kolbe Catholic College 555 105 834 X

CRN Number Date of Birth

** Parents/legal guardians who hold a current Veterans Affairs Gold Card, Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) should complete the CSEF form overleaf for the funding of \$225 per student per year.

I would like payments to continue as ongoing for my child to following year fee YES NO

Section 3 – Declaration: I/We request that this authorisation form will remain valid until all fees have been paid

Parent Name(s)

Signature Date