Telopia Avenue, Wavell Heights Qld 4012
PO Box 384, Nundah Qld 4012
principal@wavellshs.eq.edu.au
www.wavellshs.eq.edu.au

Empowering Learners. Empowering Futures.

Payment Plan 2027

PARENT / GUARDIAN SURNAME	PARENT/ GUARDIAN GIVEN NAME

Email:

Phone:

STUDENT SURNAME:	STUDENT GIVEN NAME:	YEAR LEVEL 2027

Note:

- ***Student Resource Scheme and Subject Levies as listed on the attached 2027 Student Resource and Subject Payments Schedule.***
- ***Payment Plans for Years 7-11 are required to be finalised by end October 2027***
- ***Payment Plans for Year 12 are required to be financial by end of Term 1 to be eligible for an invitation to Formal.***

NOMINATED PLAN

Please tick (✓) **Centrepay Deduction (see over** ☐ **EFT** ☐ **EDDR – Direct Debit** ☐

Weekly over _____ weeks Fortnightly over ____ fortnights

TOTAL ESTIMATED TOTAL TO BE PAID:	
INSTALLMENT AMOUNT PER PAYMENT: (minimum $20 instalment per student)	
DATE OF FIRST PAYMENT:	/ /
DATE OF FINAL PAYMENT:	/ /

PLEASE NOTE:

- All payment plan options - **require *an initial payment of $50 per student prior to resources issued.***
- EDDR - Direct Deposit – A link will be sent to you so your account details can be added. It is your responsibility to ensure funds are available on the due date.
- This agreement must be maintained for your child to retain access to resources.
- By signing this agreement, I confirm that I have read and understood the terms and conditions as above.

Parents Signature: _____ Date: / /

Office Use: _____ Date: / /

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Family Name: _____ (Parent/Caregiver)

Given Name(s): _____ (Parent/Caregiver)

Parent/Caregiver Date of Birth: _____/_____/_____

Phone Number:_____

Centrelink Reference Number: (CRN) ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐

Student Name(s):_____ **(only 1 form per family)**

Payment Deduction to be taken from: _____eg: *Aged Pension, Newstart allowance (includes Youth Allowance), FTB, Parental Leave Pay, etc.*

Fortnightly payment amount: $ _____ **(Min $20.00)**

Start Date: ____/_____/____ **Or** ☐ **Immediately**:

Target Amount: $ _____ **Or** ☐ **No Target Amount**

I give permission for:

- The information I have provided on this form to be given to the Business (Wavell SHS)
- The business I have nominated on this form to provide my correct account or billing number to the Services Australia if required.

I understand that:

- It is my choice to have this amount deducted from my Centrelink payment(s), and I can change my Centrepay deduction(s) at any time.
- If I cancel my Centrepay deduction(s) I am removing my consent for Wavell SHS to take further deduction(s) from my payment.
- If I leave Wavell SHS, but not stop my Centrepay deductions(s), Wavell SHS may instruct the Service Australia to stop the deduction(s).
- If I change schools, I may also need to advise the Services Australia to stop my deduction(s).
- If I have a current Centrepay deduction(s) and I lodge a new claim, the existing deduction(s) will not carry over to the new claim.
- If I have current Centrepay deduction(s) and I transfer to another Centrelink payment that allows Centrepay, I should confirm that my deduction(s) have been transferred.
- If my deduction has a target amount and the final deduction is set to pay less than $2, my second last deduction will be increased by up to $2 to cover the final amount.

Your Signature: _____ Date: _____