



Payment Plan 2026

PARENT / GUARDIAN <u>SURNAME</u>		PARENT/ GUARDIAN <u>GIVEN NAME</u>	
Email:			
Phone:			
STUDENT <u>SURNAME</u> :	STUDENT <u>GIVEN NAME</u> :	YEAR LEVEL 2026	
Note: • <i>Student Resource Scheme and Subject Levies as listed on the attached 2026 Student Resource and Subject Payments Schedule.</i> • <i>Payment Plans for Years 7-11 are required to be finalised by end of October 2026</i> • <i>Payment Plans for Year 12 are required to be financial by end of Term 1 to be eligible for an invitation to Formal.</i>			
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: / /



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.

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: _____