

# 2024 Electives Agreement: Year 10

AGREEMENT between Kinross College, parent and student



Respect · Inspire · Support · Excel

STUDENT NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

I approve of the electives that my son/daughter has chosen and I accept full responsibility for payment of the total cost (calculated from the top 6 elective choices) of \$\_\_\_\_\_ for these subjects.

**A 50% deposit is preferred along with this completed agreement and selection form**

**Please circle:** I have / have not, made payment of 50% of the total amount, i.e.: \$\_\_\_\_\_ via;

- Direct Deposit
- Credit card (details below)
- I have chosen to enter a payment plan. *To set this up please contact the Finance Assistant via email: [Kinross.college.finance@education.wa.edu.au](mailto:Kinross.college.finance@education.wa.edu.au)*

I understand that once the student timetable has been set in place and students have been allocated their elective subjects at the commencement of 2024, I will be sent an invoice for the outstanding amount. I agree to pay this by **Thursday 7 March 2024** and understand that there will not be an extension on this payment. If I choose the option of payment in instalments, I will contact the Finance Assistant to arrange to make regular payments, with the final payment being prior to the end of Term 2, 2024.

Student’s signature: ..... Date: .....

Parent’s signature: ..... Date: .....

**DIRECT DEPOSIT PAYMENT OPTION** -----

**Account Name:** Kinross College  
**BSB:** 016338  
**Account No.:** 199317362  
*(Please send an email advising payment to [Kinross.college.finance@education.wa.edu.au](mailto:Kinross.college.finance@education.wa.edu.au))*

**CREDIT CARD PAYMENT OPTION** -----

Full Name - as it appears on Card - PLEASE PRINT \_\_\_\_\_

Full Address \_\_\_\_\_

Card Type (please circle)  VISA  OTHER  MASTERCARD

Credit Card No: 

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Expiry Date: 

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    Amount to be paid  

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SIGNATURE: \_\_\_\_\_