2024 Electives Agreement: Year 8

AGREEMENT between Kinross College, parent and student



	:
PARENT NAME:	
	electives that my son/daughter has chosen and I accept full responsibility for payment of the total co the top 6 elective choices) of \$ for these subjects.
A 50% deposit is	s preferred along with this completed agreement and selection form
Please circle: I ha	ave / have not, made payment of 50% of the total amount, i.e.: \$ via;
☐ Direct D	Deposit
☐ Credit ca	card (details below)
	chosen to enter a payment plan. To set this up please contact the Finance Assistant via email: college.finance@education.wa.edu.au
payment in instal	ch 2024 and understand that there will <u>not</u> be an extension on this payment. If I choose the option illments, I will contact the Finance Assistant to arrange to make regular payments, with the final payment e end of Term 2, 2024.
Student's signatu	ure:
-	
-	re: Date:
Parent's signatur	
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19	NT OPTION Kinross College
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19	TOPTION Kinross College 99317362 mail advising payment to Kinross.college.finance@education.wa.edu.au)
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19 (Please send an em	TOPTION Kinross College 99317362 mail advising payment to Kinross.college.finance@education.wa.edu.au)
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19 (Please send an em	TOPTION Kinross College 99317362 mail advising payment to Kinross.college.finance@education.wa.edu.au) OPTION OPTION
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19 (Please send an em	Toption Kinross College 99317362 mail advising payment to Kinross.college.finance@education.wa.edu.au) OPTION ppears on Card - PLEASE PRINT
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19 (Please send an em	Toption Kinross College 99317362 mail advising payment to Kinross.college.finance@education.wa.edu.au) OPTION ppears on Card - PLEASE PRINT
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19 (Please send an em T CARD PAYMENT (Full Name - as it ap Full Address Card Type (please of	Toption Kinross College 99317362 mail advising payment to Kinross.college.finance@education.wa.edu.au) OPTION ppears on Card - PLEASE PRINT
Parent's signatur T DEPOSIT PAYMEN Account Name: BSB: 016338 Account No.: 19 (Please send an em T CARD PAYMENT (Full Name - as it ap Full Address Card Type (please of	re:

SIGNATURE: