

2024 Electives Agreement: Year 9

AGREEMENT between Kinross College, parent and student



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*

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 2023** 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)

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: _____