2025 Electives Agreement: Year 10



AGREEMENT between Kinross College, parent and student

STUDENT NAM	/IE:																		
PARENT NAM	E:																		
I approve of the total cost (calcu				•		_										y for	· pay	ment	of the
A \$200 deposit										eeme	nt.								
☐ Direct □				•					,										
☐ Credit o	ard (de	etails	belo	ow)															
☐ I have o email: <u>I</u>									s up	pleas	se cor	ntact	the I	Fina	ance	e Ass	sistar	nt via	
I understand the lective subject to pay this by I If I choose the copayments, with	s at the hursda ption o	e con ay 6 f pay	nmei <u>Mar</u> men	ncem ch 2 0 It in ir	ent o 025 a nstaln	f 202 ind ui nents	4, I v nders , I wi	vill be stand t Il conta	sent that thact the	an ir here ie Fir	voice will <u>n</u> ance	for <u>ot</u> b	the o	utst exte	tand ensi	ding ion c	amo	unt. I s pay	agree yment.
Student's signa	ture:												Date	:					
Parent's signatu																			
DIRECT DEPO																			
Account Name BSB: 016338 Account No.: (Please send an	199317	'362		-	t to Ki	nross.	colle	ge.fina	nce @	educ	ation.v	va.eo	du.au))					
CREDIT CARD	PAYM	ENT	OP.	TION															
Full Name - as it PRINT	appears	on C	Card ·	· PLE	ASE						_								
Full Address																			
Card Type (pleas	e circle))					,	VISA		ОТН	ER		MAS	TER	CAI	RD		_	
Credit Card No:																			
Expiry Date:														Amo	ount	to b	e paid	ł	
									\$. [
SIGNATURE:																			