2025 Electives Agreement: Year 7 & 8

AGREEMENT between Kinross College, parent and student

STUDENT NAME:



PARENT NAME: _____

Only complete this agreement if your child is participating in one or more of the KEA (Kinross Extension and Acceleration) program(s), or the Academies listed below:

Specialist & Enrichment Programs– Year-long programs (Trials/auditions completed prior to acceptance)									
Soccer Academy	\$300		Year 7 Dance Academy	\$170					
Basketball Academy	\$300		Year 8 Dance Academy	\$170					
Netball Academy	\$300		KEA English	\$35					
Music Academy (must play an instrument to enter)	\$200		KEA Maths	\$35					
Aviation Studies	\$210		KEA Science	\$35					
			KEA HaSS	\$35					

I approve of the subject(s) that my son/daughter has chosen and I accept full responsibility for payment of the total cost of \$_____ for these subject(s).

A \$200 deposit is preferred along with this completed agreement.

Please circle: I have / have not, made payment of \$200 via;

Direct Deposit

Credit card

I have chosen to enter a payment plan. To set this up please contact the Finance Assistant via email: <u>Kinross.college.finance@education.wa.edu.au</u>

I understand that once the student timetable for 2025 has been finalised, I will be sent an invoice for the outstanding amount. I agree to pay this **by Thursday 6 March 2025** 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, 2025.

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	appe	ars or	n Carc	I - PLE	ASE										
PRINT							 	 							
Full Address							 	 							
Card Type (pleas	ard Type (please circle)				VISA	OTHER		MASTERCARD							
Credit Card No:															
Expiry Date:											A	mour	nt to b	e paid	
								\$				•]
SIGNATURE:															

Phone: 9233 6700 Email: Kinross.college.finance@education.wa.edu.au