

Holy Rosary Primary School White Hills

2025 School Fees & Levies

Payment Arrangement Form

Family Name:	Debtor ID (if known):
Please indicate your intended payment method below.	
Option 1: I will pay my fees in full by 30 th April 2025 via Cash,	Cheque or EFT/Direct Deposit
	December 2025) via fortnightly Direct Debit payment. g payment amount will need to be paid within 14 days.
Option 3: I have a current Health Care Card and would like to submit a CSEF Application Form, to access the fee reduction initiative. • I understand I will need to have a Direct Debit in place to access this initiative.	
Option 4: I do not feel that the above options are viable for my family at this time and would like to make an appointment with the school principal to discuss alternative arrangements.	
Name (parent 1):	Signed:
Name (parent 2):	Signed:
	Date://
OFFICE USE ONLY - Agreement approved by principal/nom	inee:
Signed:	Date://
Details of approved alternate arrangements:	