



St Joseph's School WONTHAGGI

94 (PO Box 182) Korumburra Road, Wonthaggi 3995
PH: (03) 5672 1052 FAX: (03) 5672 4367

SCHOOL FEES SCHEDULE 2020

PER FAMILY	
Family Fee	\$1415
Capital Fee	\$ 220
TOTAL FAMILY FEE	\$1635

PER STUDENT LEVY							
	Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6
Child Fee	\$165	\$165	\$165	\$165	\$165	\$165	\$165
Excursion Fee	\$70	\$70	\$70	\$70	\$70	\$70	\$70
Camp Fee	\$ -	\$ 5	\$ 10	\$150	\$150	\$225	\$255
Booklist Levy	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Technology Levy	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Swimming Levy	\$55	\$55	\$55	\$55	\$55	\$55	\$55
TOTAL STUDENT YR LEVEL FEE	\$440	\$445	\$450	\$590	\$590	\$665	\$695

DIRECT DEBIT OPTIONS

FREQUENCY	DETAILS	START DATE
Monthly	Direct debited 15 th of each month	January 15
Fortnightly	Direct debited every second Thursday	January 9
Alternate Fortnightly	Direct debited every second Thursday	January 2
Weekly	Direct debited every Thursday	January 2

STATEMENTS ISSUED

Term 1	Week 3	February 13
Term 2	Week 1	Approximately April 23
Term 3	Week 1	Approximately July 16
Term 4	Week 1	Approximately October 8

PAYMENT OPTIONS

Credit Card/ EFTPOS	Direct Debit (see form attached)	Internet Banking	Cash	Cheque	Centrepay
Internet Banking Details: NATIONAL AUSTRALIA BANK – ST JOSEPHS SCHOOL, WONTHAGGI BSB: 083 879 ACCOUNT NO: 694959530					
<i>*Please reference your payment with your family number and your child's surname and initial</i>					

Please complete ALL relevant forms included and return by **DECEMBER 9, 2019**.

- School Fees Payment Arrangement form
- Direct Debit Request form (if applicable)
- Camp, Sports and Excursion Fund (CSEF) Application form (if applicable)



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SCHOOL FEES PAYMENT ARRANGEMENT

This arrangement must be returned to school by DECEMBER 9, 2019

Family Name: _____

Children 1: _____ Year: _____

2: _____ Year: _____

3: _____ Year: _____

4: _____ Year: _____

Please indicate below how and when your school fee account will be finalised for the 2019 year and return to school by Friday DECEMBER 14, 2018

I intend to pay my account by the following method/s:

IN FULL on ____/____/2020 TERMLY MONTHLY

FORTNIGHTLY WEEKLY

Credit Card / EFTPOS

Direct Debit – please fill in the appropriate form included in this information and return to school with all relevant forms by Friday DECEMBER 9, 2019

- **PLEASE NOTE:** *If you are currently paying by Direct Debit, this arrangement will continue unless otherwise advised.*

Cash

*Internet Transfer

*INTERNET BANKING DETAILS

NATIONAL AUSTRALIA BANK, SALE – ST JOSEPHS SCHOOL, WONTHAGGI

BSB: 083 879 ACCOUNT NO: 694959530

**Please reference your payment with your family number and your child's surname and initial*

Cheque

Centrepay

****I hold a Health Care Card valid from the January 30, 2020 and maybe eligible for the Victorian Government CSEF. Please fill in the application form attached and return to school with all other relevant forms.**

Healthcare Card Number: - - -

OR Pension Number: _____