



## Glenmore State High School

Farm Street, North Rockhampton 4701  
Box 5822, Red Hill, North Rockhampton 4701

E. [the.principal@glenmoreshs.eq.edu.au](mailto:the.principal@glenmoreshs.eq.edu.au)

P. (07) 4923 0333 F. (07) 4923 0300

[www.glenmoreshs.eq.edu.au](http://www.glenmoreshs.eq.edu.au)

The Glenmore High Dragon symbolises strength, courage and endurance together with good fortune and success

## PAYMENT PLAN PARTICIPATION FORM

**PLEASE READ CAREFULLY** – *This payment plan must be negotiated with Business Manager or nominated Administration Officer. A payment plan must be in place and up to date for 1 (one) clear term prior to being considered eligible.*

1. This agreement form is to be completed by the person applying for the Payment Plan.
2. Payment Plans will only be accepted for Student Resource Scheme (SRS) and Curriculum related fees. Any application received for non-curriculum fees will be declined.
3. This agreement application applies only to the academic year for which it is lodged.
  - a. A plan is only valid if the applicant is making regular payments, as per the agreement.
  - b. It is the applicant's (you) responsibility to contact the school Business Manager or Finance Officer if they are unable to make payments and to alter the application.
  - c. If payments are continually missed and no contact has been made to the school, this plan will be voided and the applicant's student/s will be ineligible for non-curriculum activities (current year only), of which the applicant will be notified in writing.
4. This payment plan will only take effect once approved by the Business Manager.

### **Payment Options**

The Payment Plan is to be made by BPoint. Please ensure when making payments that you use the CRN (*Customer reference number*) and Invoice Number (*Original Invoice number*) each time.

### **Financial Hardship**

1. Parents/Carers participating in a payment plan whom experience financial hardship are encouraged to contact the Business Manager to discuss how their financial obligations can be met throughout the school year, or to negotiate alternative arrangements that may be available to accommodate their individual circumstances. All discussions will be held in the strictest confidence. Any concessions to the participation fee will be at the discretion of the principal.
2. Payment of the payment plan is to be made according to the payment arrangement option as indicated.
3. Non-payment of the scheduled payment plan by the designated payment amount/s will generate a reminder notice to the parent/carer from the school at intervals of 30 days overdue, 60 days overdue and 90 days overdue. The principal may thereafter undertake debt recovery action for the overdue participation fee including, where warranted, referral to an external debt collection agency. This may result in extra costs being incurred by the parent/carer.
4. Subject to the above, the principal may withdraw a student's participation in any scheme due to non-payment of a participation fees that a payment plan may cover. Where participation fees are overdue, the principal may exclude a student from an optional extracurricular school activity.



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## PAYMENT PLAN AGREEMENT

<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: / /
<input type="checkbox"/> Copy sent to applicant	Initials: _____	Date: / /

### SECTION A

PARENT / GUARDIAN SURNAME		PARENT / GUARDIAN GIVEN NAME	
ADDRESS			CONTACT PHONE NO
STUDENT/S SURNAME:	STUDENTS GIVEN NAME:	YEAR	AMOUNT OUTSTANDING

### SECTION B

<b>NOMINATED PAYMENT FREQUENCY</b> (Please tick)	
<input type="checkbox"/> Weekly, over ___ wks	<input type="checkbox"/> Fortnightly, over ___ fnts
<input type="checkbox"/> Monthly, over ___ mths	
<b>PAYMENT PLAN</b> (Please tick)	
<input type="checkbox"/> School Fees	<input type="checkbox"/> School Camp (price determined at time of camp)
<input type="checkbox"/> Other: _____	
<b>METHOD OF PAYMENT</b>	
<input type="checkbox"/> BPoint	
TOTAL TO BE PAID:	\$
INSTALLMENT AMOUNT PER PAYMENT:	\$
DATE OF FIRST PAYMENT:	

### PLEASE NOTE:

- All payment plans are to be finalised by the end of September. If additional time is required, please advise the finance department at Capricornia School of Distance Education.
- By signing this agreement, I confirm that I have read and understood the terms & conditions noted on page 1.

**Parents Signature:** \_\_\_\_\_ **Date:** / /

**Principal/Business Manager Approval:** \_\_\_\_\_ **Date:** / /

