



# St Joseph's Catholic School

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## CONFIRMATION OF ENROLMENT ~ 2018

It is **ESSENTIAL** that this form be completed and returned to the office as soon as possible to **ENSURE** a place at St Joseph's Catholic School in 2018 and to **ENSURE** you will receive discounts if you have more than one child at a Catholic School or College in the Diocese of Rockhampton.

**FAMILY NAME (PRINT):** .....

### SECTION A: School Fee Assistance - Family Discounts

Please list the names of all family members attending Diocesan Catholic Schools (**Primary and Secondary**) in 2018 including Prep through to Year 12.

STUDENT'S NAME	P-12	SCHOOL (Including St Joseph's School)

### SECTION B: Current Fees Position (not applicable to new enrolments)

All my fees have been paid to date for 2017. YES  NO  OR I pay by direct debit.

If NO: **EITHER**

I would like to make an appointment to see the Principal

OR I enclose payment of \$.....I have/will pay by .....on .....2017 to meet outstanding fees for 2017

### SECTION C: School Fee Assistance - Concessions

Families may be eligible for school fee assistance under the Concession Card Tuition Fee Discount and/or the Principal's Concession Scheme.

The 70% Tuition Fee Discount is available for eligible 'means tested' government Health Care and Pensioner card holders. To start the application process, please contact the school and provide a copy of your Concession Card.

The Principal's Concession Scheme is available on application to the Principal to ensure that confidentiality is maintained. Please tick if you would like to make an appointment to see the Principal:

### SECTION D: Account Details

Fees are payable quarterly on the due date indicated on your fee invoice or you may choose to pay by instalments. We will calculate your deductions and send you all relevant forms. Direct debits from your bank account, internet payment, BPAY, Centrepay or payment by credit card through our office are all available options for instalments.

**Instalment Method** – Please choose one option:

Direct Debit  Internet Payment  Credit Card Deductions  Centrepay

**Instalment Frequency** – Please choose one option

Monthly  Fortnightly  Weekly

Please contact the Principal if you wish to negotiate other payment arrangements.

### **PARENT/GUARDIAN SIGNATURES:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_