**Fee Payment Agreement 2025**

Please complete this form and return it to the Office.

1. **Fee payment contact**

The contact person for the payment of fees at Thomas More Christian Montessori School is Kylie Hotson.

Name of child/dren\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parents/guardians\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I/we acknowledge that the Cycle 1, 2 and 3 programs are partly funded by the Federal and State Governments, with the balance of the funds coming from fees paid by parents/guardians. The school cannot operate without fees paid by parents/guardians.
* I/we agree to pay fees by the due date on the invoice.
* I/we acknowledge that if fees are not paid within 10 working days of the due date the Finance Committee will implement the fees policy late payment of fees procedures (refer to Fees Policy) which could result in the cancellation of my child’s place at the school.
* I/we agree that if our financial circumstances change and I/we are unable to pay as agreed, we will immediately notify the Principal to request alternative payment arrangements.
* I/we understand that camp and excursions fees are non-refundable once a commitment to participate has been made.
* I/we agree to enrol our child/ren for the full 2025 school year.
* I/we acknowledge having received and read the Thomas More Christian Montessori School Fees Policy 2025 which sets out the procedure for fee payment.
1. **Preferred method of payment**

□ Term invoice

□ Fortnightly direct deposit

□ Individual payment plan

* Whole year paid in Term 1 with 5% discount

□ Direct debit payment plan

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_