

FAMILY PAYMENT CONTRACT 2025 Golden Hill Steiner School Fees

Student Name(s)	D.O.B	Class
_____	_/_/___	_____
_____	_/_/___	_____
_____	_/_/___	_____
_____	_/_/___	_____

Names of Parent(s) / Guardian(s) / Persons responsible for paying current year fees:

Billing Contact details:

Address: _____

Email: _____@_____ Phone: _____

Payment Options: Please choose the payment option that you can commit to:

1. **BANK TRANSFER:** Full Payment of Annual fees with a 10% discount on tuition to:
Golden Hill Steiner School Inc: BSB: 086-595 Account No: 174 989 795.
To be received in school bank account by no later than 31st January for discount to be applicable.

2. **DIRECT DEBIT:** Pay annual fees in instalments by authorising Golden Hill to direct debit your account.
Please complete the Direct Debit Request form on the reverse side of this form.

 Direct debit amount \$ _____ to **cover annual fees** as per invoice.
 Direct Debit Frequency
 Weekly (45 payments commencing Thursday 13th February, concluding Thursday 18th December)
 Fortnightly (23 payments commencing Thursday 13th February, concluding Thursday 18th December)
 Monthly (11 payments commencing Thursday 13th February, concluding Thursday 11th December)
 Termly (4 payments - Thurs 13th February, Thurs 8th May, Thurs 31st July, Thurs 23rd October)

Are you a health care card holder?

Please provide a copy of your valid Health Care Card to the office to receive a discount on tuition fees.

Family Participation Scheme:

We agree to (please indicate your preference):

1. Contribute 10 hours of family involvement / parent / year
2. Pay \$200 as a monetary contribution for Family Participation

I/we have read, understood and agree to the Golden Hill Steiner School Fee Schedule and Enrolment Policy. I/we agree to commit to the above stated payment contract and the direct debit terms and conditions overleaf so that fees are paid in full by the end of the school year. I/we take full responsibility for payment of Golden Hill Steiner School fees:

Parent 1 _____

Parent 2 _____

Name (please print)

Signature

Date



Direct Debit Request

Request and Authority to debit the account named below to pay

[Golden Hill Steiner School Inc]

[ABN: 27 812 845 395]

Direct Debit Request and Authorisation

Last Name/s

First Name/s

'you'

I / We request and authorise **Golden Hill Steiner School [User ID: 667586]** to arrange, through its own financial institution, a debit to your nominated account any amount **Golden Hill Steiner School** has deemed payable by *you*, as indicated on the Golden Hill Family Payment Contract.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

A dishonour fee of \$20 will be charged for any unsuccessful scheduled payment

Nominated Account Details

Name of Financial Institution

Address of Financial Institution

Name of Account to be debited

			-			
--	--	--	---	--	--	--

BSB

--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Golden Hill Steiner School** as set out in this Request and in your Direct Debit Request Service Agreement.

Account Signatures

Signature

Signature

Name of signatory

Name of signatory

	/	/
--	---	---

Date

	/	/
--	---	---

Date