

Agreement for the Payment of Attendance Dues

Full Name of Students _____

Full Name of Parents / Caregivers _____

Address _____

I /We agree to pay Attendance dues as follows:

- In full every term or annually, at the beginning of the school year

- Every two weeks by Automatic Payment or Direct Credit

- Every two weeks by cash or cheque, directly to the school office

Communication between families and the school is extremely important. Please contact the Principal as soon as possible if you experience any financial issues that will impact on the payment of attendance dues. Failure to communicate reasons for non-payment may lead to the proprietor passing the unpaid debt to a debt collector.

Attendance Dues are a legal charge and not a donation, nor is it tax deductible.

I/We have read the above conditions and agree to pay the Attendance Dues in accordance with this Agreement. This agreement is effective from _____

The undersigned acknowledges that student information which is related to the functions of the Proprietor of the school may be disclosed to the Proprietor or the Proprietors agents.

Signed: _____
Parent/Guardian

Date: _____

Signed: _____
Parent/Guardian

Date: _____