



ROSEWOOD STATE HIGH SCHOOL

Application for Payment Plan

Student Name(s)		Year 7	
		Year 8	
		Year 9	
		Year 10	
		Year 11	
		Year 12	
	Amount Outstanding		\$
		TOTAL	\$

Yes, I understand the conditions for membership of the Student Resource Contribution Scheme.
I agree to be bound by them and to pay the resource fee.

Instalments: I wish to make weekly fortnightly monthly payments, of \$_____

	First Day of Term	Date Paid	Cash/Chq/Card/EFPTOS	Amt Paid	Receipt	Initial
1 st Payment						
2 nd Payment						
3 rd Payment						
4 th Payment						
5 th Payment						

Business Services Manager's Approval _____

Name of parent/caregiver _____
(given name) (family name)

Address _____ ☎ (Home)
 _____ ☎ (Work)
 _____ ☎ (Mobile)

Signature _____ **Date**

IF PAYING BY CREDIT CARD

Name of Cardholder _____	<i>Please circle</i> Visa Mastercard
Card Number _____	Expiry Date: _____
Signature of Cardholder _____	Date _____