2011 School Fee Nomination Form

PLEASE COMPLETE THIS FORM & RETURN IT ALONG WITH YOUR ENROLLMENT FORM TO THE FRONT OFFICE

Attending School at St Augustines
Children’s Name

Attending other Catholic Schools
Children’s Name
School they are attending

A calculation sheet is enclosed to assist with the calculation of your gross annual income.

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>Please tick one box ONLY</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible for School Card</td>
<td></td>
<td>LEVEL 5</td>
</tr>
<tr>
<td>1Child</td>
<td>2 Child</td>
<td>3 Child</td>
</tr>
<tr>
<td>$1,203.50</td>
<td>$1,952.80</td>
<td>$2,638.55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION B</th>
<th>Please tick one box ONLY</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined ANNUAL family gross income between School card amount and $42,000</td>
<td></td>
<td>LEVEL 4</td>
</tr>
<tr>
<td>1Child</td>
<td>2 Child</td>
<td>3 Child</td>
</tr>
<tr>
<td>$1,539.25</td>
<td>$2,497.20</td>
<td>$3,359.83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION C</th>
<th>Please tick one box ONLY</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined ANNUAL family gross income in over $64,001</td>
<td></td>
<td>LEVEL 1</td>
</tr>
<tr>
<td>1Child</td>
<td>2 Child</td>
<td>3 Child</td>
</tr>
<tr>
<td>$1,857.00</td>
<td>$3,005.60</td>
<td>$4,027.10</td>
</tr>
</tbody>
</table>
PLEASE COMPLETE

DECLARATION

I/We have read all of the information contained in sections 1-3 and herein acknowledge by the signature/s below that I/we am/are the enrolling guardian/s and am/are solely/jointly responsible for payment of fees and charges. I/We declare that the above financial information is true and correct to the best of my/our knowledge.

Signed:

Parent/Guardian 1: ................................................. Parent/Guardian 2: .................................................
Print Name: .......................................................... Print Name: ..........................................................
Employer: ............................................................. Employer: .............................................................
Position Title: .......................................................... Position Title: ..........................................................

Date / / Date / /

We reserve the right, at any time, to ask you for verification of your financial position.
Once again I would reconfirm that any financial information given to the school will be kept confidential.

PLEASE TICK (√) CHOICE OF:

PAYMENT METHOD

- CASH
- EFTPOS/CREDIT CARD
- DIRECT DEBIT
  (forms available from office)
- CHEQUE
- CENTRELINK PAYMENTS
- INTERNET BANKING / BPAY
  (see the bursar for details)
- DIRECT DEBIT
- BPAY

FREQUENCY

- WEEKLY
- FORTNIGHTLY
- MONTHLY
- TERMLY
  (due date week 2 of each term)

PLEASE SUPPLY YOUR CONTACT DETAILS

NAME ...........................................................................

DAY TIME CONTACT NUMBER .............................................