



Authority for Split Payment of School Fees

.....
.....
(Name of school) (Suburb)

Student(s) details

.....
.....
(Surname) (Given name) (Class)
.....
.....
(Surname) (Given name) (Class)
.....
.....
(Surname) (Given name) (Class)
.....
.....
(Surname) (Given name) (Class)

Residential address:.....
..... Postcode:.....

I, wish to advise that as of/...../.....

I am responsible for paying of the school fees for the above mentioned student(s).
(percentage/ amount)

Name: (Mr/Mrs/Ms)
..... (Surname) (Given name)

Postal address:
..... Postcode:.....

Contact details: (.....).....
..... (Day-time phone) (Mobile)

Signature Date.....

Office use only

Removed from SAS Receive Copy of Statement From in Payment information