



# KORUMBURRA SECONDARY COLLEGE

*"Developing lifelong learners who are respectful, resilient, strive for excellence and are productive members of their community"*

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Dear Parent/Guardian

## **Re: Parent Payments 2019**

The Korumburra School Council has approved the school's parent payment charges for 2019.

The Parent Payment Policy, has now been implemented for 2019 and a list of payment items/services requested for your child's program is attached.

While payment is not required until the start of the 2019 school year we would appreciate payment by 29.1.2019. All parent payments and contributions can be made by either, cash, cheque or debit/credit card, Bpay and Centrepay arrangements.

The school appreciates that families may sometimes experience financial difficulty in meeting payment requests. A number of support options are available to parents who have difficulty making payments which include State Schools Relief or the Camps, Sports and Excursions Fund.

If you are experiencing difficulty in making payments or feel you may have future difficulty in making payments, please contact our Business Manager, Kim Cross on the above number or email to [cross.kim.k@edumail.vic.gov.au](mailto:cross.kim.k@edumail.vic.gov.au), to make alternative arrangements. All conversations are treated with confidentiality.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Vaya Dauphin', is written over a light blue horizontal line.

Vaya Dauphin  
Principal

## Korumburra Secondary College 2019 Parent Payment Charges – Year 8

Please find the itemised list that includes essential student learning items (those items that your child needs for school) and Optional Items (you can choose whether your child participates in or accesses this program).

Korumburra Secondary College makes every effort to keep the cost and number of items that need to be purchased to a minimum. We also try to ensure that the costs are affordable for all parents. If you have difficulty making payments please contact Kim Cross to discuss possible support options and flexible payment arrangements. Any information about your financial circumstances, payment arrangements or status will be kept strictly confidential.

We would appreciate payment by 29<sup>th</sup> January 2019.

Please bring this completed sheet with you when making payment.

Please Note: Additional school charges may arise during the year. **We anticipate that there will be 3-4 excursions planned during the year with an estimated cost of \$30 each (not including the costs of purchasing food items on the day). Estimated cost for Year 8 camp is \$325.**

### Essential student learning items

| Item   | Specifications  | Cost  | ✓ |
|--|---|-------|---|
| Workbooks<br>Craft paper<br>Poster paper<br>Class room<br>Consumables<br>Handbooks | <b><u>Core Essential Items:</u></b><br>English, Humanities, Science, Ace , Maths, Health & PE, Sports,<br>Manga high access, Textbook hire scheme & LOTE. | \$120 |   |
|  | Textiles Essential consumables each Semester.   | \$45  |   |
|  | Metal/Wood consumables each Semester.   | \$35  |   |
|  | Food.   | \$80  |   |
|  | Link Software access (selected students).   | \$40  |   |
|  | <b><u>Full list available on request</u></b>  |       |   |
| Locker Hire  | Locker hire   | \$10  |   |

**Note: Parents may choose to provide or purchase some items themselves. If you choose to do this you must consult with the school so that your child has the right items. There may be some items or services you cannot purchase yourself.**

### Optional Items

| Item  | Cost  | ✓ |
|---|-------|---|
| Year 8 camp (travel, accommodation, food, entry fees) Approximately | \$325 |   |
| School magazine : This will be invoiced separately on Compass       | \$10  |   |
| SGSMP Music Program (if applicable) approximately                   | \$280 |   |
| Hire Instrument   | \$100 |   |
| Sax   | \$200 |   |

**Voluntary financial contributions**

| Item          | Amount (please nominate how much you would like to donate) |
|---------------|--|
| Building Fund | \$   |
|               | \$   |
|               | \$   |

**Parent Payment Charges**

Essential student learning items Amount \_\_\_\_\_

Optional Items Amount \_\_\_\_\_

Voluntary financial contribution Amount \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Parent Payment Arrangements**

Please indicate your preferred method of payment:

Option A (full amount at the beginning of Term 1)

Option B (payment at the beginning of each Term)

Option C (half yearly payment)

Option D (other payment arrangements)\*

\* (If selecting Option D please make an appointment with the Business Manager to discuss your circumstances and the available options)

I HAVE ENCLOSED PAYMENT OF \$ \_\_\_\_\_

| <b>PARENT PAYMENT PLAN APPLICATION</b>   |                    |
|--|--------------------|
| <b>STUDENT NAME:</b>                     | <b>HOME GROUP:</b> |
| <b>PARENT NAME:</b>                      | <b>PHONE:</b>      |
|  |                    |
| <b>AMOUNT OWING FOR: ESSENTIAL ITEMS</b> | <b>\$</b>          |
| <b>CAMP</b>                              | <b>\$</b>          |
| <b>LOCKER</b>                            | <b>\$</b>          |
| <b>LOCK</b>                              | <b>\$</b>          |
| <b>ELECTIVES</b>                         | <b>\$</b>          |
| <b>OTHER</b>                             | <b>\$</b>          |
| <b>TOTAL</b>                             | <b>\$</b>          |

**OPTION 1 (DEBIT / CREDIT CARD)**

I hereby authorize the Direct Debit for agreed payment/s of \$ \_\_\_\_\_ on 20<sup>th</sup> of each month commencing on 20 / / .

Card Number:


|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Cardholder's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

|              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Expiry Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**OPTION 2 BPAY**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> |  |
| Biller.....              |   |
| Ref No.....              |   |

I hereby agree to pay \$ \_\_\_\_\_

Weekly       Fortnightly       Monthly

Signed: \_\_\_\_\_ Date: / /  
(Parent / Guardian)

Signed: \_\_\_\_\_ Date: / /  
(Business Manager / Finance Officer)