KORUMBURRA SECONDARY COLLEGE

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

Jumbunna Road,
Korumburra, Vic 3950
Private Bag 2
Phone: 5655 1566
Fax: (03) 5655 2673
Email: korumburra.sc@edumail.vic.gov.au

Dear Parent/Guardian

Re: Parent Payments 2018

The Korumburra School Council has approved the school's parent payment charges for 2018.

The Parent Payment Policy, has now been implemented for 2018 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 2018 school year we would appreciate payment by 25.1.2018. 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, to make alternative arrangements. All conversations are treated with confidentiality.

Yours sincerely

Abigail Graham
Principal

Korumburra Secondary College 2018 Parent Payment Charges – Year 11

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 25th January 2018.

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).**

Essential student learning items

Item	Specifications		Cost	✓
Workbooks Craft paper Poster paper Class room Consumables Handbooks Assignment Sheets Art Supplies Practice exams	**Core Essential Items**: English, Humanities, Science, Maths, Health & PE **Student Choice Essential Items**: Metal consumables Wood consumables Food consumables Visual communication and Studio Art consumables Sociology consumables **Full list available on request**	 (per semester) (per semester) (per semester) (per semester) (per semester)	$ 90 $ 110 $ 110 $ 120 $ 20 $ 80	
Lock	LOCK		$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	✓
Vet External Admin Fee	$450	
School magazine : This will be invoiced separately on Compass	$10	
SGSMP Music Program (if applicable) approximately	$280	
Hire Instrument Sax	$100 $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 **$**_____

PARENT PAYMENT PLAN APPLICATION

STUDENT NAME:		**HOME GROUP:**
PARENT NAME:		**PHONE:**
AMOUNT OWING FOR:	**ESSENTIAL ITEMS**	**$**
	CAMP	**$**
	LOCKER	**$**
	LOCK	**$**
	ELECTIVES	**$**
	OTHER	**$**
	TOTAL	**$**

OPTION 1 (DEBIT / CREDIT CARD)

I hereby authorize the Direct Debit for agreed payment/s of $ _____ on 20th of each month commencing on 20 / / .

Card Number:

Cardholder's Name: _____ **Date:** _____

Cardholder's Signature:

_____

Expiry Date: | | | **/** | | |

OPTION 2 BPAY

Biller……

Ref No……

I hereby agree to pay $_____

☐ **Weekly** ☐ **Fortnightly** ☐ **Monthly**

Signed: **Date: / /**

(Parent / Guardian)

Signed: **Date: / /**

(Business Manager / Finance Officer)