

FINANCE 2025



FAMILY NAME _____

STUDENT FIRST NAME(S) _____

Dear Parent(s) / Caregivers

We enclose a **2025 Family Fee Information Booklet** for each family enrolled at Christ the King School.

We ask that you please complete this form in its entirety so the information we have is current and any sibling discounts can be applied.

Please ensure you sign and date in the “signature” boxes on all necessary pages.

CHRIST THE KING SCHOOL: 2025 FEE SCHEDULE						
Fee Breakdown Amount	Reception Term 3 Intake	Reception to Year 2	Years 3 & 4	Year 5	Year 6	
School Fees	NIL <i>Reduced Fee</i>	\$2,900	\$2,900	\$2,900	\$2,900	Sibling discounts apply
Sports Carnivals	n/a	n/a	\$85	\$85	\$85	
Camp Fee	n/a	n/a	n/a	\$300	\$530	
Catholic Schools Music Festival	n/a	n/a	n/a	n/a	\$65	
Journey to Emmaus	n/a	n/a	n/a	n/a	\$65	
TOTAL	NIL	\$2,900	\$2,985	\$3,285	\$3,645	

FEE CONCESSIONS

Sibling Discounts

CHRIST THE KING SCHOOL: SIBLING DISCOUNT				
	1 Child	2 Children	3 Children	4 Children
Discount Amount (total)	n/a	\$290	\$435	\$580

Please complete and return this booklet in its entirety to the front office by Friday 8th November 2024.

Kind Regards,

NIAMH McKEOUGH
Finance Manager

2025 FAMILY INFORMATION FOR FEES

FAMILY DETAILS	Parent /Guardian 1	Parent /Guardian 2
Title	Mr / Mrs / Ms / Miss / Dr	Mr / Mrs / Ms / Miss / Dr
Family Name		
Given Name		
Email Address		
Contact Number		
Postal Address		

Note: Family accounts will only be split if a court order is in place specifying how fees are to be paid.

STUDENTS AT CHRIST THE KING SCHOOL IN 2025

Surname	First Name	Date of Birth	Year level in 2025
		__ / __ / __	
		__ / __ / __	
		__ / __ / __	
		__ / __ / __	

Please note: School Fee Statements will be sent in early Term 1, 2025.

I/We will be paying the tuition fees by the following method (please ✓ one)

- Annual fees in one instalment: 5% discount off the net Tuition Fee (tuition less sibling discount) if paid by Monday 31st March 2025. This discount only applies to full fee-paying accounts.
- Four instalments by Week 6 of each Term
- Set up new** Direct Debit Authority Credit Card Authority
- Continue with existing** Direct Debit Authority Credit Card Authority

PLEASE REVIEW YOUR PAYMENT PLAN TO ENSURE AMOUNTS COVER FEES FOR 2025

Restart on ____ / ____ / ____ Updated amount \$ _____

SIGNATURE OF PARENT _____ **DATE** __ / __ / __

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Christ the King School, Warradale

Request and Authority to debit	Surname or company name _____ Given names or ACN/ARBN _____ ("you") <small>request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].</small>
Insert the name and address of financial institution at which account is held	Financial institution name _____ Address _____
Insert details of account to be debited	Name of account (holder) _____ BSB number [][][][] - [][][][] Account number []
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	<input type="checkbox"/> The first debit may be made on ____/____/____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that <input type="checkbox"/> Payment Amount is to be \$ _____ and/or as amended in accordance with written instructions provided by you. <input type="checkbox"/> This authority will remain in place until: ____/____/____ (or) : Written request to cancel/suspend payments is provided by you. <p style="text-align: right;"><i>(please delete one of these options)</i></p>
Please Tick Insert your signature, address and Telephone No	<input type="checkbox"/> I have received and read a copy of the Direct Debit Service Agreement Signature _____ <small>(If signing for a company, sign and print full name and capacity for signing eg. director)</small> Address _____ _____ Date ____/____/____ Telephone No: _____ Child's Name _____

FOR OFFICE USE ONLY:

New Agreement / Amendment of Existing Authority No. _____

CDF Account Name

CDF Account Number:

Contact Person: _____ Family Code: _____

Date Posted:

FOR CDF USE ONLY:

Date CDF Received:

Date Loaded:
Loaded By:
Authority Number:

