



BALMORAL STATE HIGH SCHOOL PAYMENT PLAN PARTICIPATION AGREEMENT

TERMS & CONDITIONS

This Payment Plan Participation Agreement is designed to provide parents / carers with an option to make an agreed nominated weekly / fortnightly payment amount towards an activity, incursion, excursion or camp over an agreed time period.

****PLEASE NOTE**:**

The Student Resource Scheme Participation Agreement Form and payment agreement MUST be in place for a student to attend any activity, incursion, excursion or camp.

1. The terms and conditions of the BSHS payment plan must be strictly adhered to, according to the payment arrangement option as indicated.
2. If a parent/carer participating in a payment plan experiences financial hardship they are encouraged to contact the Business Manager to discuss how their financial obligations can be met throughout the school year, or to negotiate alternative arrangements that may be available to accommodate their individual circumstances. All discussions will be in the strictest confidence.
3. Non-payment of the scheduled payment plan by the designated payment amount/s will generate a reminder notice to the parent/carer from the school at intervals of 30 days overdue and 60 days overdue.
4. The Principal may withdraw a student's participation in any future activity due to non-payment of participation fees that a payment plan may cover. Where participation fees are overdue, the Principal may exclude a student from an optional extra curricula school activity.
5. **Non-payment of your agreement may result in debt recovery action being undertaken including, where warranted, referral to an external debt collection agency at your expense.**
6. All receipts and documentation on the scheme should be retained by the parent/carer for future reference and possible taxation purposes.
7. **PAYMENT OPTIONS:**
 - Part-payments can be made via BPOINT using the original student invoice.
 - Part-payments can be made in person - by credit/debit card. A receipt will be issued once payment is processed.

AGREED TO BY:

PARENT/CARER NAME: _____

DATE: _____ SIGNATURE: _____



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PAYMENT PLAN APPLICATION 2025

Student Name/s	Invoice Details	Year Level in 2024	Amount Outstanding
TOTAL			

Parent / Carer Details			
Name:		Ph No.	
Address & Contact			
	I agree to make payments by the due dates and I understand that any failure to make payments by these dates may result in debt recovery action being undertaken including, where warranted, referral to an external debt collection agency at my expense. I understand my student will not be permitted to participate in optional school activities if my payment arrangement falls into arrears.		
Parent / Carer Signature *		Date:	

*By signing this agreement, I confirm that I have read and understood the terms and conditions as indicated.

SCHOOL USE ONLY

SUPERVISOR NAME: _____	Deposit Amount: \$ _____
SUPERVISORS SIGNATURE: _____	
Negotiated Instalments (Please tick) <input type="checkbox"/> Weekly over ____ weeks <input type="checkbox"/> Fortnightly over ____ fortnights	
Date: _____	
TOTAL TO BE PAID:	
INSTALMENT AMOUNT PER PAYMENT:	
NUMBER OF INSTALMENTS:	
DATE OF FIRST PAYMENT:	