



School/Preschool Fee Schedule 2024

Please find enclosed school/preschool fees for 2024 as approved by the school board in consultation with the finance committee. The payment of fees is a responsibility and commitment by parent/guardians and ensures the school maintains quality education and resources for the benefit of all students.

Billing information

School fees will be invoiced annually (at the beginning of the year) with statements being issued at least once per term and Preschool fees invoiced at the beginning of the semester your child starts preschool. Payments plans are to be established and organised to ensure you meet your financial obligations to the school.

Lower income fee

To be eligible for the lower income fee, you must qualify as a low-income family through approval for School Card under the State Government's School Card Scheme.

Fee schedule for 2024

	Full Fee	Total	Lower Income Fee	Total
1 Child	\$ 2,500	\$ 2,500	\$ 1,500	\$ 1,500
2 Children	\$ 2,000	\$ 4,500	\$ 1,200	\$ 2,700
3 Children	\$ 1,750	\$ 6,250	\$ 1,050	\$ 3,750
4 Children	\$ 1,000	\$ 7,250	\$ 600	\$ 4,350
5 Children or more	\$ 750	\$ 8,000	\$ 450	\$ 4,800

Preschool fees for 2024

Preschool fee 2024*	\$ 840	Pre-entry fee 2024*	\$ 40
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Additional charges

Costs associated with OSHC, camp, choir, senior polo, graduation dinner, private instrumental lessons and other optional activities varies each year and families are therefore invoiced separately and costs are not covered by the school fees.

**Excursions/incursions are not covered by preschool fees.*

Additional discounts / fee remissions

An early payment discount of 5% is offered for 2024 school fees when paid in full by 22nd March 2024. The lower income fee applies to School Card approved applicants, providing a 40% remission off the total 2024 school fee for eligible families.

**School card and other discounts do not apply to preschool fees.*

Payment Methods

The school offers various payment methods and frequencies to allow parents/guardians to pay their fees by the methods most convenient to their budget. The following invoice payment methods are available:

- Direct Debit - regular deductions from your bank account (form attached)
- BPay/EFT – reference numbers are provided on invoices/statements
- School Qkr! app



- Centrepay - regular deductions from Centrelink payments
(form available on request or arranged directly with Centrelink)
- EFTPOS – Visa or Mastercard payments over the phone or in person at the front office

Payment Frequency

- **Annual** – full payment due 5th April 2024: 5% discount applies if paid by 22nd March 2024 (school fees only)
- **Weekly payments** - 43 weekly payments (Feb -Nov) final payment by 22nd November 2024
- **Fortnightly payments** - 22 fortnightly payments (Feb – Nov) final payment by 22nd November 2024
- **Monthly payments** - 10 monthly payments (Feb – Nov) final payment by 22nd November 2024
- **Termly payments** - Due 6th Friday (week 6) of each term – Must finalised by 22nd November 2024

Full Fee	Weekly (43 weeks)	Fortnightly (22 Fortnights)	Monthly (10 Months)	Term (terms 1-4)
1 Child	\$ 59	\$ 114	\$ 250	\$ 625
2 Children	\$ 105	\$ 205	\$ 450	\$ 1,125
3 Children	\$ 146	\$ 285	\$ 625	\$ 1,563
4 Children	\$ 169	\$ 330	\$ 725	\$ 1,813
5 Children or more	\$ 187	\$ 364	\$ 800	\$ 2,000
Preschool fee – 1 Child	\$ 20	\$ 39	\$ 84	\$ 210

Lower income Fee	Weekly (43 weeks)	Fortnightly (22 Fortnights)	Monthly (10 Months)	Term (terms 1-4)
1 Child	\$ 35	\$ 69	\$ 150	\$ 375
2 Children	\$ 63	\$ 123	\$ 270	\$ 675
3 Children	\$ 88	\$ 170	\$ 375	\$ 938
4 Children	\$ 102	\$ 198	\$ 435	\$ 1,088
5 Children or more	\$ 112	\$ 219	\$ 480	\$ 1,200

Financial support/hardship

Parents/Guardians who are experiencing financial difficulties are encouraged to contact the Principal or Bursar as early as possible to discuss your circumstances. All discussions and arrangements are in the strictest confidence.

Withdrawal of a student

One full term's notice or intention to withdraw a student from the school is required in writing to the Principal. Failure to do so, will result in a full term's school fees being charged. Extraordinary circumstances will be considered.

Payment Plan Agreement Form

Attached is the agreement form - all Parents/Guardians need to complete and return this to the office by 8th December 2023.



Our Lady of the Visitation School

433 Victoria Road

Taperoo SA 5017

Phone: (08) 8440 9700

ABN: 18 247 728 902

Web: www.olv.catholic.edu.au

Email: accounts@olv.catholic.edu.au

Payment Plan Agreement Form School Fees 2024

School fees will be invoiced annually (at the beginning of the year) with statements being issued at least once per term. Payments plans are established and organised to ensure you meet your financial obligations to the school.

**All Parent/Guardian must complete this form and return to the finance office
by Friday 8th November 2023**

Parent/Guardian Name: _____

Eldest Child's Name: _____ Year level: _____

Payment Frequency:

Annual – full payment due 5th April 2024: 5% Discount applies if paid by 22nd March 2024

Weekly payments - 43 weekly payments (Feb -Nov) final payment by 22nd November 2024

Fortnightly payments - 22 fortnightly payments (Feb – Nov) final payment by 22nd November 2024

Monthly payments - 10 monthly payments (Feb – Nov) final payment by 22nd November 2024

Term payments - Due 6th Friday (week 6) of each term – final payment by 22nd November 2024

Please indicate your preferred option in table below:

Please indicate an option	Direct Debit (form attached)	BPAY / EFT	EFTPOS	School Qkr! app	Centrepay (form on request or arranged directly with Centrelink)
Annual					
Weekly					
Fortnightly					
Monthly					
Termly					

To be negotiated/require fee assistance – Request to meet with the Bursar to discuss.

My best contact phone number: _____

I/We acknowledge by the signature/s below that I/we am/are the enrolling parents/guardians and are jointly and individually responsible for payment of all fees and charges.

Signature _____
Parent/Guardian 1

Signature _____
Parent/Guardian 2

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc

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:



Direct Debit Request Service Agreement

Definitions

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you* (and includes any Form PD-C approved for use in the *transitional period*).

transitional period means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000) and concluding 12 calendar months from that date.

us or *we* means Diocesan Presbytery Fund *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

1. Debiting your account

- 1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.
- 1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct *your financial institution* to debit *your account* on the previous *business day*.
If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Changes by us

- 2.1 *We* may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days' written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us* on (08) 8210 8156
- 3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least 28 days before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your account* at any time by giving *us* 7 days notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
 - (a) *you* may be charged a fee and/or interest by *your financial institution*;
 - (b) *you* may also incur fees or charges imposed or incurred by *us*; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct
- 4.4 If National Australia Bank Limited A.C.N. 004 044 937 ("National") is liable to pay goods and services tax ("GST") on a supply made by the National in connection with this *agreement*, then *you* agree to pay the National on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

- 5 Dispute**
- 5.1 If you believe that there has been an error in debiting *your account*, you should notify us directly on (08) 8210 8211 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your query* by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted.
- 5.3 If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your query* by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting *your account* should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to *your financial institution* which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.
- 6. Accounts**
- You should check:
- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
 - (b) *your account* details which you have provided to us are correct by checking them against a recent *account* statement; and
 - (c) with *your financial institution* before completing the *direct debit request* if you have any queries about how to complete the *direct debit request*.
- 7. Confidentiality**
- 7.1 We will keep any information (including *your account* details) in *your direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
- (a) to the extent specifically required by law; or
 - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
- 8. Notice**
- 8.1 If you wish to notify us in writing about anything relating to this *agreement*, you should write to :
 Diocesan Presbytery Fund, PO Box 1364, ADELAIDE SA 5001
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the *direct debit request*.
- 8.3 Any notice will be deemed to have been received two *business days* after it is posted.