St Martin of Tours Primary School
School Fees 2016

Fees Structure
2016 fees comprise:

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount $</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Fee</td>
<td>1720</td>
<td>Per Family</td>
</tr>
<tr>
<td>Class and Excursion Levy</td>
<td>415</td>
<td>Per Child</td>
</tr>
<tr>
<td>Capital Levy</td>
<td>510</td>
<td>Per Family</td>
</tr>
<tr>
<td>Total School Fees</td>
<td>2645</td>
<td></td>
</tr>
<tr>
<td>Grade 4 Camp</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Grade 5 Camp</td>
<td>310</td>
<td></td>
</tr>
<tr>
<td>Grade 6 Camp</td>
<td>310</td>
<td></td>
</tr>
</tbody>
</table>

Fee Details

**Family Fee**
The family fee for 2016 is $1720 per family.

**Class and Excursion Levy**
The class and excursion levy for 2016 is $415 per child which covers all expenses related to books, stationery and excursions.

**Capital Levy**
The capital levy for 2016 is $510 per family to enable St Martin’s to continue to update and improve major infrastructure in order to provide a modern educational environment and facilities.

**Camps, Sports & Excursions Fund (CSEF) - Financial Assistance for Eligible Students ($125 per primary school student)**
In 2015 the Victorian Government announced the Camps, Sports and Excursions Fund (CSEF) to provide payments for eligible students to attend camps, sports and excursions.

More detailed information and eligibility criteria can be accessed [here](#).
School Fees 2016
Payment Methods

Option 1 – Direct Debit/Credit card payments – a form needs to be completed each year. See attached forms. For credit card payments only monthly. Please complete forms and return to office by Friday 11th December 2015.

Fortnightly payments commence Thursday 4th Feb 2016 til Thursday 27th Oct 2016
Monthly payments are deducted on the 15th day of each month between February to October inclusive.

<table>
<thead>
<tr>
<th>No of Children</th>
<th>Fortnightly Amount</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$132.25</td>
<td>$294</td>
</tr>
<tr>
<td>2</td>
<td>$153</td>
<td>$340</td>
</tr>
<tr>
<td>3</td>
<td>$173.75</td>
<td>$387</td>
</tr>
<tr>
<td>4</td>
<td>$194.50</td>
<td>$443</td>
</tr>
</tbody>
</table>

For families with children going on camp, the payment for camp is in addition to the basic fortnightly/monthly amounts and will be added to your payment amounts.

Option 2 Payment of three instalment payments via Cash, Cheque or EFTPOS
Remittance for payment details (bottom of fees statement) can be completed and returned to the office via the blue basket system for processing. Payment via EFTPOS is available at the office.

For families with children going on camp, the payment for camp is in addition to the amounts listed below.
Camp must be paid prior to your child going on camp.

<table>
<thead>
<tr>
<th>No of Children</th>
<th>Total Fees</th>
<th>1st Instalment</th>
<th>2nd Instalment</th>
<th>3rd Instalment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 child</td>
<td>$2645</td>
<td>$882</td>
<td>$882</td>
<td>$881</td>
</tr>
<tr>
<td>2 children</td>
<td>$3060</td>
<td>$1020</td>
<td>$1020</td>
<td>$1020</td>
</tr>
<tr>
<td>3 children</td>
<td>$3475</td>
<td>$1159</td>
<td>$1159</td>
<td>$1147</td>
</tr>
<tr>
<td>4 children</td>
<td>$3980</td>
<td>$1327</td>
<td>$1327</td>
<td>$1326</td>
</tr>
</tbody>
</table>

Instalment dates:  
1st Instalment Thursday 24th March 2016 
2nd Instalment Friday 24th June 2016 
3rd Instalment Friday 16th September 2016

Families may wish to make a direct payment into school bank account
Bank Account Name: St Martin of Tours General Account
BSB: 083 347 Account Number: 65320 6057
Reference: IMPORTANT state the 6 digit family ID reference which appears at the top right corner of your statement
Credit Card Online Payment Service

St Martin of Tours Primary School
2 -12 Silk Street
Rosanna 3084
Phone Number: 9459 0902
Please charge my Credit Card: Visa/Mastercard (circle one) Amount $…………………

CAMP WILL BE INCLUDED IN PAYMENTS- you will be advised of the amount via email

Your email address………………………………………………………………………………………………

Card No

Expiry Date

Cardholder Name ………………………………………………………
Signature ………………………………………………………

For office use only for calculations

<table>
<thead>
<tr>
<th>Total family fee</th>
<th>Monthly amount over 9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I/We request and authorise St Martin of Tours, User ID 375288 to arrange, through its own financial institution, to debit funds from my/our nominated account at the financial institution shown below according to the details specified.

Name(s) ........................................... Account Number .................................

..................................................................................................................

Address: ...........................................................................................................

..........................................................................................................

Postcode Telephone Number

Email: ..........................................................................................................

Please deduct money from my/our Financial Institution account:

This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of Bank Account: ..........................................................................................................

Name and Branch of Financial Institution where account is held:

..............................................................................................................................................

BSB Number: [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]

Account Number: [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]

Please debit $................................................ from the above account each:

Fortnight [ ] Month [ ] Commencing on: ____/_____/____

Please note camp will be included in addition to basic payment amounts. You will notified of amount via email.

Signature(s): ........................................... Dated: ...........................................

**** To be signed by both parties for joint accounts.

For office use only for calculations

<table>
<thead>
<tr>
<th>Total family fee</th>
<th>Fortnightly amount - 20 fortnights</th>
<th>Monthly amount over 9 months</th>
</tr>
</thead>
</table>