

Voluntary Financial Contribution
The school is resourced by the State Government through grant funding to provide a core educational service to students. Voluntary financial contributions are used by the school to provide an enhanced educational service and to enhance resources available for student learning, recreation and comfort.
<input type="checkbox"/> Yes I wish to make a voluntary financial contribution to the school in 2017. I have read and understand the Operating Statement (see reverse) for the contribution and understand that this contribution is voluntary, and that the funds are to be used to enhance the instruction, administration and facilities of the school.
Privacy Statement
The Department of Education and Training through the school is collecting your personal information in accordance with section 56 of the <i>Education (General Provisions) Act 2006</i> in order to administer the voluntary contributions in an efficient, ethical and secure manner. The information will only be accessed by school employees conducting the voluntary contributions. Your information will not be given to any other person or agency unless you have given permission or the Department of Education and Training is authorised or required by law to make the disclosure.

Student Given Name	Family Name	Yr Level	Voluntary Contribution
1.			\$
2.			\$
3.			\$
4.			\$
Total			\$

Parent/Carer Details (please print)			
Given Names:			
Family Name:			
Address:			
Contact Numbers:	Home:	Work:	Fax:
	Mobile:	Email:	
Parent/Carer Signature:		Date:	

Payment Arrangement
<input type="checkbox"/> Now: I wish to make a single payment of the total amount above. <input type="checkbox"/> Instalments: I wish to make instalment payments of the total amount above in the following manner: _____
Payment Method
I wish to make payment by:
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFTPOS (Credit/Debit Card) <input type="checkbox"/> EFT (Electronic Funds Transfer)*
*Payment by EFT can be made to the school bank account BSB: 064-112 Account Number: 00090133 . To ensure correct identification of the payment, please ensure that the payment reference clearly includes the STUDENT NAME and Year Level along with the characters VFC, e.g. Sam Smith VFC. For more than a student use initial, surname and year level for each student.

For payment by Credit/Debit Card, I hereby authorise the school to debit my:	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other (please specify) _____	
Card Number:	Expiry Date:
For <input type="checkbox"/> an amount of \$ _____ (total amount above), or <input type="checkbox"/> \$ _____ during the first two weeks of the first three terms (equal instalment payments), or <input type="checkbox"/> in accordance with the Payment Arrangement completed above.	
Name of cardholder as it appears on the card:	Signature of cardholder: