

Manual Payment Form



Student Name: _____

Year: _____

Parent/Guardian Name _____

Phone _____

Amount: \$ _____

Please indicate your payment type

- I will not be making any further payments.
- This is a part payment. I will pay the balance before the end of Term One.

Cash (No responsibility taken for lost/misplaced cash, or change given)

Credit Card Payment

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Expiry Date ____/____ Signature _____