



# ESSENTIAL EDUCATION ITEMS 2019



Family Name: \_\_\_\_\_

Child/rens Name and 2019 Year Level:

\_\_\_\_\_ YR ( ) \_\_\_\_\_ YR ( )

\_\_\_\_\_ YR ( ) \_\_\_\_\_ YR ( )

**OPTION 1** (If paid before Friday 30<sup>th</sup> November receive \$10.00 discount = \$210.00)

**\$220.00** x \_\_\_\_\_ (No. Students) Total: \$ \_\_\_\_\_  
(or \$210 with 'early payment discount')

**OPTION 2** (**Automatic Credit Card Deduction ONLY**) *\*(Please enter card details below)*

\$100.00 x \_\_\_\_\_ (No. Students) Total: \$ \_\_\_\_\_ (30/11/18) (or preferred date \_\_\_\_\_)

\$40.00 x \_\_\_\_\_ (No. Students) Total: \$ \_\_\_\_\_ (08/02/2019)

\$40.00 x \_\_\_\_\_ (No. Students) Total: \$ \_\_\_\_\_ (29/03/2019)

\$40.00 x \_\_\_\_\_ (No. Students) Total: \$ \_\_\_\_\_ (21/06/2019)

## PAYMENT OPTIONS

I will be paying at the office. (**Option 1 only**)

**CREDIT CARD PAYMENT** Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Name as appears on Card: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Preferred date \_\_\_\_\_

**\*By selecting this option you authorise B.H.P.S. to debit your credit card as per the option selected above.**

**DIRECT DEPOSIT PAYMENT: (**Option 1 only**)** B.H.P.S. BSB: 633 000 Acc.: 151 885 282  
(Please ensure you enter your child's first and last name in the reference)

Signed: \_\_\_\_\_ Date deposited: \_\_\_\_\_

**(By signing this form you are committing to make payments as outlined above.)**

**If you wish to make an alternative payment arrangement, please see our Business Manager Brenda Michael or a member of the Principal team Leigh Johansen, or Garry Fowler.**