



OPTIONAL & VOLUNTARY PAYMENTS 2019



Family Name: _____

Child/rens Name and 2019 Year Level:

_____ YR () _____ YR ()

_____ YR () _____ YR ()

EXCURSION LEVY

\$100.00 X _____ (No. Students) Total \$: _____

OR

I am a holder of a Health Care Card and am entitled to receive the CSEF payment which will pay for my child/rens Excursion Levy. \$100.00 X _____ (No. Students)

PLEASE NOTE: Families who have not elected/paid for the Excursion Levy, by Friday 8th February, will automatically be allotted the 'Pay As You Go' system.

VOLUNTARY BUILDING FUND (Tax deductible) Total \$ _____

VOLUNTARY GROUNDS LEVY \$30.00 per family Total \$ _____

Total Payment: \$ _____

Total Enclosed: \$ _____

PAYMENT OPTIONS

I will be paying at the office.

CREDIT CARD PAYMENT Card Number: _____

Expiry Date: _____ Name as appears on Card: _____

Cardholder's Signature: _____ Preferred date for payment? _____

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

DIRECT DEPOSIT PAYMENT: 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)