

Payment of Fees

Pittwater House

All people indicated as fee payers must sign this form.

School staff will only be able to provide accounts and invoicing information to people who have signed this form. Only people who have signed this form will have access to invoices and account details on the school's electronic portal. Where fees are the responsibility of more than 2 people please complete additional copies of this form.

Invoice instructi	ions for:
	(Student Name)
	ssue one invoice only, for 100% of all fees under the responsibility of the contact/s listed below; $\underline{\mathbf{C}}$
	plit fees and charges and send separate invoices to the contacts listed below with charges allocated led in the Fee Responsibility % fields.
Details of person	n/s taking responsibility for payment of tuition fees and incidental charges.
1. Surname:	Given Name:
Relationship	p: Parent Step-Parent Guardian Grandparent Other (please specify):
Address:	
Suburb:	State: Post Code:
Phone:	Email:
Delivery:	☐ Invoice to be sent directly to me
	Do not send invoices to me. Contact 2 named below will receive invoices on our behalf. (I understand I will still have access to my invoices on the school's electronic portal.)
Fee Respons	sibility % (Split Invoicing Only): % Tuition Fees* % Incidental Charges
	(*fees must be split by whole percentage numbers only – no decimals)
Signature:	Date:
2. Surname:	Given Name:
Relationship	p: Parent Step-Parent Guardian Grandparent
	Other (please specify):
Address:	
Suburb:	State: Post Code:
Phone:	Email:
Delivery:	☐ Invoice to be sent directly to me
	Do not send invoices to me. Contact 1 named above will receive invoices on our behalf. (I understand I will still have access to my invoices on the school's electronic portal.)
Fee Respons	sibility % (Split Invoicing Only):% Tuition Fees*% Incidental Charges
	(*fees must be split by whole percentage numbers only – no decimals)
Signature:	Date: