

# 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.

While this form authorises communication, invoicing, and payment permissions, the ultimate responsibility for all fees lies with the signatory guardian/s as listed on the enrolment application. Regardless of billing directions or personal arrangements between two or more parties, in the event of non-payment the responsibility for the debt remains with the signatory guardian/s.

## Invoice instructions for:

\_\_\_\_\_ (Student Name)

- Please issue one invoice only, for 100% of all fees under the responsibility of the contact/s listed below; **OR**
- Please split fees and charges and send separate invoices to the contacts listed below with charges allocated as detailed in the Fee Responsibility % fields.

## Details of person/s taking responsibility for payment of tuition fees and incidental charges.

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship:  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 Responsibility % (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:  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 Responsibility % (Split Invoicing Only): \_\_\_\_\_% Tuition Fees\* \_\_\_\_\_% Incidental Charges\*  
(\*fees must be split by whole percentage numbers only – no decimals)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_