



Third Party and Split Billing Agreements

This form must be completed and signed by all the parties involved.

Failing this, the enrolling parent will be responsible for all fees.

Student Details:

Student Full Name: _____

Year Level Entering College: _____ Date of Enrolment: ____ / ____ / ____

Enrolling Parent(s) or Caregiver(s) Details:

Full Name(s): _____

Percentage of **Fees** to be Charged to Enrolling Parent(s): _____ %

Percentage of **Other Charges** to be Charged to Enrolling Parent(s): _____ %
music, dance, rugby league etc.

I would like the finance team to contact me regarding payment arrangement details.

Residential Address: _____

Postal Address (if different): _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____

Secondary Parent/Caregiver for Split Billing and/or Third Party Person Responsible for Fees

Full Name(s): _____

Relationship to Child: _____

Percentage of **Fees** to be Charged to Third Party: _____ %

Percentage of **Other Charges** to be Charged to Third Party: _____ %
music, dance, rugby league etc.

I would like the finance team to contact me regarding payment arrangement details.

Residential Address: _____

Postal Address (if different): _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____

Witnessed by: _____ Date ____ / ____ / ____
Printed Name

Signature of Witness: _____