

2025 Contributions and Charges Payment Instalment Plan



ALKIMOS
COLLEGE

SECTION 1:

Parent Name:	
Parent Contact Number:	
Student Name (Please print):	

SECTION 2: Please circle your option and indicate a nominated amount.

OPTION A	WEEKLY	AMOUNT \$
OPTION B	FORTNIGHTLY PAYMENTS	AMOUNT \$
OPTION C	MONTHLY PAYMENTS	AMOUNT \$

SECTION 3:

Please complete all fields below. Payments will commence from your Credit/Debit card on the date you have indicated. If no date is indicated, your first payment will commence when the application is received.

Name of Cardholder (Please print): _____
(Mastercard/Visa)

Card Number: ____/____/____/____ ____/____/____/____ ____/____/____/____ ____/____/____/____

CCV (3 digits): _____

Expiry (Month/Year): ____/____

Signature of Cardholder: _____

Date payments are to commence: ____/____/20__

Notification will be sent for declined payments. Please advise the school in writing if you are unable to make the agreed payment to Alkimos.col.payments@education.wa.edu.au or contact 9561 7300.

SECTION 4:

Declaration:

I agree to make to above payment to the school for my child's educational program.

(PARENT/GUARDIAN SIGNATURE)

(PLEASE PRINT NAME)

____/____/20__
(DATE)