



MAYFIELD STATE SCHOOL

Deferred Payment Plan

STUDENT'S SURNAME: _____

GIVEN NAME: _____ CLASS: _____

PARENT/GUARDIAN NAME: _____

CONTACT PHONE NUMBER: _____

PAYMENT CONTRACT FOR (EVENT/EXCURSION/CAMP) _____

TOTAL COST OF ACTIVITY \$ _____

I would like to access the Deferred Payment Plan.

I agree to make the following payment arrangement:

Deposit Date: _____ Amount: _____
(No later than original Final Payment Date)

Progress Payment Date: _____ Amount: _____

Progress Payment Date: _____ Amount: _____

Final Payment Date: _____ Amount: _____

In certain circumstances, extra progress payments may be negotiated.

(Parent/Carer Name)

(Parent/Carer Signature)

(Date)

OFFICE USE ONLY:

Approved by Date: