



*"The Way, the Truth and the Life"
John 14:6*

2024 FINANCIAL INFORMATION AND AGREEMENT FORMS

THIS DOCUMENT CONTAINS

- 2024 Schedule of Fees
- Payment Option Nomination Form
- Direct Debit Request Form
- Direct Debit Service Agreement
- IHC Bus Service Agreement

ADDITIONAL DOCUMENTS (by request)

- Tuition Fee Discount Scheme
- Fee Concession Policy (Families in Financial Hardship)

Account Enquiries: accounts@ihc.wa.edu.au

It is a condition of enrolment at Immaculate Heart College that school fees will be paid in a timely manner and as per the agreement between the College and the nominated account holder(s) on the Enrolment Form.

APPLICATION FEE

An Application Fee of \$55 (GST Inclusive) must accompany all Enrolment Forms. This fee covers administration costs and is non-refundable.

ENROLMENT FEE

A non-refundable Enrolment Fee of \$270 is payable at the time a confirmed placement is offered and before the start of the school year and does not form part of any other fee charged by the College.

SCHOOL FEES

The following fees and charges apply for the 2024 school year.

YEAR LEVEL	TUITION FEES	Amenities	Building Levy	Fixed Charges	Combined fees & charges	Total
*Pre-Kindergarten (2 Day Week)	\$3266	-	-	\$54		\$3320
Kindergarten (3 Day Week)	\$1460	\$378	\$222	\$81	\$108	\$2249
Pre-Primary	\$2291	\$378	\$222	\$135	\$432	\$3458
Years 1-6	\$2291	\$378	\$222	\$135	\$432	\$3458
Years 7-10	\$2636	\$378	\$222	\$162	\$810	\$4208
Years 11-12	\$2636	\$378	\$222	\$162	\$1026	\$4424

* Pre-Kindergarten (2 Day Week): Invoiced per term, upfront payment in full is required before commencing each term.

BUILDING LEVY

The Building Levy is an annual compulsory fee. There is no pro rata on the Building Levy for enrolment for part of the year.

FIXED CHARGES

Fixed Charges are a compulsory fee that covers a range of incidental costs and covers (but is not limited to): consumables, equipment, insurance, extracurricular activities, events, annual Yearbook, etc.

COMBINED FEES AND CHARGES:

These charges cover but are not limited to: IPAD subscription (Early Learning Centre), ICT levy, Theology fee, diary and reading logbook, online learning programs, curriculum resources, lockers, and other courses.

ATAR COURSES OFFERED EXTERNALLY

Will be invoiced.

OTHER FEES

All other fees are to be paid as invoiced, including but not limited to incursions and excursions,

in- term swimming, any other subject levies, IHC private bus service, camps, retreats, Duke of Edinburgh and Swanonline learning programs.

DUKE OF EDINBURGH FEE (Set by the Award Organisation and invoiced by the College)

- Administration fee \$100
- Duke of Edinburgh Participant Fee: Bronze \$163
- Duke of Edinburgh Participant: Silver \$189
- Duke of Edinburgh Participant Fee: Gold \$210

HIGH SCHOOL LOCKERS

Lockers will be provided to secondary students. Any damage to the lockers will incur a fee of \$25.

IHC PRIVATE BUS

Immaculate Heart College offers bus service to and from the College to Chittering, Lower Chittering and Toodyay at a fee. To access this service, the *IHC Bus Service Agreement Form* must be completed and returned to the College Reception. (Attached with this agreement)

- One way for Chittering and Lower Chittering run - \$3.80
- One way for Toodyay and Julimar run - \$8.85.

SCHOOL BUILDING FUND

Voluntary donations to our College Building Fund are welcomed and tax deductible over \$2.

CANTEEN LEVY

An annual compulsory levy of \$50 per family will be charged.

SIBLING DISCOUNT

Sibling discounts apply to Tuition Fees only, for Kindergarten to Year 12, only for siblings attending the school at the same time.

Pre-Kindergarten fees are not subject to sibling discounts.

Discounts for 2024 are as follows:

2 nd Child	15%
3 rd Child	30%
4 th Child	40%
5 th Child	60%

For additional siblings, please make an appointment to meet with the Principal.

HEALTH CARE, PENSIONER AND CONCESSION CARD DISCOUNTS

This scheme provides a \$250 discount on tuition fees (only) for eligible students. Information sheets and application forms can be found on the College website, or via contact with the Accounts Department.

GOVERNMENT ASSISTANCE WITH FEES/EDUCATION COSTS

STATE GOVERNMENT SECONDARY ASSISTANCE SCHEME

The State Government Education Department funds a Schooling Clothing Allowance and an Education Program Allowance for students in Year 7 to Year 12.

Application forms are available from the Accounts Department. Applications close 28 March 2024. For further information, please contact the Department of Education on (08) 9264 4516 or Email: student.allowances@education.wa.edu.au

FEE PAYMENT

School Fees are invoiced beginning of Term 1 and sent to the account holder/s via the email nominated on the Enrolment Form. If you have not received the invoice, please contact the College.

You will be required to complete a Payment Option Nomination Form.

Payment options are as follows:

OPTION	NUMBER OF PAYMENTS	DUE DATE
1	1 x payment	01 March 2024, \$100 discount applicable on Tuition Fees only.
2	2 x equal instalments	19 February and 15 July 2024.
3	4 x equal instalments	19 February, 15 April, 15 July, 07 October 2024.
4	10 x equal instalments	On the 19 th of each month, commencing 19 February, concluding on 19 November 2024.
5	20 x equal instalments	Fortnightly payment beginning 19 February to 04 November 2024.

For Payment Options 2 - 5 it is **mandatory** that the parent/carer enter into an agreement with Immaculate College to settle their accounts in a timely manner by completing the Payment Option Nomination Form. Payment Option Nomination Form and Direct Debit Form, to be handed to the Accounts Department **by 12 February 2024**.

For direct debit payments, please ensure there are sufficient funds to cover the school fees by the nominated date/s. An administration cost/bank fees will be charged to the parent/carer's account for failed payment.

COLLEGE BANK ACCOUNT DETAILS

Bank: Bendigo Bank
Account Name: Immaculate Heart College
BSB: 633-000
Account Number: 162 609 192

OVERDUE ACCOUNTS

Unless a payment arrangement has been communicated to the College in writing for any outstanding fees at the end of Term 1, the Principal reserves the right to suspend or terminate student enrolment.

Any student whose school fee remains unpaid will not be permitted to nominate for, or participate in, optional extracurricular activities until the account is brought up to date.

(If you are having financial difficulty, please make an appointment with the Principal)

Legal action for recovery of outstanding accounts is taken when accounts remain overdue. Costs including commissions, fees, and legal expenses, are payable by the Parent or Guardian.

RESPONSIBILITY FOR PAYMENT OF ACCOUNTS

This rests jointly and severally with the person(s) who signed the Enrolment Form.

FAMILIES IN GENUINE FINANCIAL HARDSHIP

Our College Board of Directors is always mindful of parents with genuine financial needs who may require assistance with tuition fees. Parents/carers seeking assistance should complete a confidential *Fee Concession Application Form* available from the Accounts Department. This is then negotiated with the Principal. Please note that remissions at the College are not available for consecutive years.

NOTICE OF WITHDRAWAL OF ENROLMENT

Notice of the withdrawal of a student must be given in writing to the Principal. This is the only acceptable method of notifying the College of the withdrawal of a student. Verbal notification is not considered due notice.

One full term's notice (this excludes school holidays) must be given on or before the first day of term prior to the intended date of withdrawal. One term's tuition fee will be charged in lieu of such notice should a student be withdrawn with insufficient notice being provided.

The College does not refund any levies paid.

INSURANCE

It is strongly recommended that parents check their health cover and insurance policies to ensure adequate medical, ambulance, personal property and liability insurance cover is held. The College does not accept responsibility for loss of, or damage to, personal effects and property, or for bodily injury or property damage incurred by students.

Students at the College are covered by a *Student Accident Protection Plan*. Further information can be obtained by contacting the College. Families will be required to pay for any damage caused to College property or equipment.

Illness or Injury

In an emergency, if you and your emergency contacts are not available, your child will be taken by ambulance, at your cost, to a hospital. It is recommended you have private health insurance cover, inclusive of ancillary benefits and hospital cover.



Immaculate Heart College

PAYMENT OPTION NOMINATION FORM

Family Name: _____

Student Name/s and Year Level in 2024: _____

It is **mandatory** that you indicate the payment options. If Direct Debit is a preferred method of payment, either

Direct Debit form can be **submitted online by copying the following link into your browser**

<https://secure.ezidebit.com.au/webddr/Request.aspx?a=755DAB57C6436C4C81D601C23DCF35EC> OR Payment

Option Nomination Form together with Direct Debit form (attached below) must be handed to the office by **12**

February 2024. (Please indicate your choice with a tick ✓)

PAYMENT OPTIONS	Direct Debit	Other options (EFT, EFTPOS,)
OPTION 1 (1 x instalment) less \$100 early payment discount	01 March 2024	01 March 2024
OPTION 2 (2 x equal instalments)	19 February and 15 July 2024	19 February and 15 July 2024
OPTION 3 (4 x equal instalments)	19 February, 15 April, 15 July, 07 October 2024	19 February, 15 April, 15 July, 07 October 2024
OPTION 4 (10 x equal instalments)	On the 19 th of each month, commencing 19 February, concluding on 19 November 2024	On the 19 th of each month, commencing 19 February, concluding on 19 November 2024
OPTION 5 (20 x equal instalments)	Fortnightly payment beginning 19 February to 04 November 2024.	Fortnightly payment beginning 19 February to 04 November 2024.

FEES CALCULATION (Optional)

Enter the total amount from your invoice in the fields below, to calculate total fees for family.

Total 1 st child	
Total 2 nd child	
Total 3 rd child	
Total 4 th child	
Total 5 th child	
Total 6 th child	
TOTAL	\$

Divide the total number of payments in your selected Payment Option by the total above to calculate your instalment amount. Please indicate your chosen option below.

DECLARATION

I/We hereby acknowledge that these school fees will be paid in full by 1 March 2024, or by the nominated dates applicable to the Payment Option selected above. I/We will contact the College in writing, should I/we be unable to commit to this agreed payment arrangement.

Signed by

Parent/Carer 1: _____ Date _____

Parent/Carer 2: _____ Date _____



Immaculate Heart College



ACN 601 396 543 | Authorised Representative under AFSL 315388

DIRECT DEBIT REQUEST

PH: 08 9571 8135
ABN/ACN: 70 147 801 590

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: Immaculate Heart College Ltd ABN/ACN: 70 147 801 590 **100-891-123**

Customer Reference:

* Surname: * Given Name:

* Mobile #:

* Email:

* Address:

* Suburb: * State: * Postcode:

DEBIT ARRANGEMENT | Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

D D M M Y Y

Regular Debits Starting on Date: / / Debit this amount: \$

D D M M Y Y

Frequency: Weekly Fortnightly Monthly 4 Weekly

Duration: Continue regular debits until further notice (Minimum of debits)

Administration Fee (once only) up to: <input type="text"/>	Paid By Business	Bank Account Transaction Fee: <input type="text"/>	Paid By Business	Credit Card Transaction Fee: <input type="text"/>	VISA/Mastercard: Paid By Business AMEX/Diners: Paid By Business	Failed Payment Fee: \$9.90
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX

Card Number: Expiry Date: /

M M Y Y

Name of Cardholder:

By signing this form, I/we authorise Global Payments Australia 1 Pty Ltd, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/we authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.11). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>

Signature(s) of Account Holder: Date: / /

D D M M Y Y



Global Payments Australia 1 Pty Ltd ACN 601 396 543 | Authorised Representative under AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.11)

DDR Service Agreement (Ver 1.11)

I/We hereby authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (Direct Debit User ID number 342190, 342191, 428198) (referred to as "Ezidebit") to make periodic debits on behalf of the Business (referred to as "the Business") as indicated on the attached Direct Debit Request which incorporates this DDR Service Agreement.

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services) to me/us for the Business pursuant to the Direct Debit Request and has no express or implied liability in relation to the goods and services provided or to be provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our nominated card or bank account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement including the Fees/Charges in the Direct Debit Request).

I/We acknowledge that the details of my/our nominated card or bank account should be verified (eg: against a recent card or bank statement) to ensure accuracy of the details provided and I/we will contact my/our financial institution if uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient available/cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the due date for the debit. Direct debits normally occur overnight, however transactions can take up to 3 banking business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the debit amount has been debited from the account. If there are insufficient funds available, I/we agree that Ezidebit will not be responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:

1. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Sydney, NSW and Melbourne, VIC; or
3. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.

Any payment that falls due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within my/our agreement with the Business or as may be agreed by me/us and the Business. I/We do not require Ezidebit to notify me/us of the variation to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request (including this DDR Service Agreement) including varying the Debit Arrangement.

I/We will contact the Business if I/we wish to alter or defer the Debit Arrangement. I/We acknowledge that any request by me/us to stop or cancel the Debit Arrangement will be directed to the Business.

I/We acknowledge that any dispute regarding a debit will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we will contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee (as referred to in the Debit Arrangement) may be payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and agree to pay those fees and charges to Ezidebit.

"Ezidebit" may appear as the merchant for a payment from my/our credit card (including a debit or charge card). I/We acknowledge and agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non supply of goods and/or services and that all disputes will be directed to the Business (as Ezidebit is acting only as a Direct Debit Agent for the Business). The Transaction Fee for a debit to a Credit Card calculated as a percentage may be subject to a minimum amount.

I/We appoint Ezidebit as my/our agent for the control, management and protection of my/our personal information (relating to the Business and this Direct Debit Request) which is disclosed to Ezidebit. I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Direct Debit Request or the Ezidebit Privacy Policy, Ezidebit will keep your personal information about your nominated account private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. The Ezidebit Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and this Direct Debit Request) to release and provide such information to Ezidebit.

I/We authorise:

1. Ezidebit to verify with my/our financial institution and/or correct, if necessary, details of my/our account; and
2. My/our financial institution to release information allowing Ezidebit to verify my/our account details.



Immaculate Heart College

Through Mary to Jesus: "The Way, the Truth and the Life"
John 14:6

IHC BUS SERVICE AGREEMENT

Parent/Carer Name: _____

Address: _____

Mobile Phone Contact: _____

Email Contact: _____

Person Responsible for Accounts: _____ Signed: _____

Student Name	Year	Point of Origin		Days of Travel					Session			
		Toodyay	Local	M	T	W	T	F	AM	PM	Both	

BUS COSTS (as of 1 January 2024)

Toodyay and Julimar: \$8.85 per trip
Chittering and Lower Chittering: \$3.80 per trip

TERMS OF AGREEMENT

1. All requests for travel on the Immaculate Heart College Bus Service MUST be submitted to College Reception using this form. No verbal agreements can be honoured, at any time.
2. Your submitted form will be forwarded to the bus driver, who will contact you directly for available place and share their contact details.
3. This service is for the preferential use of passengers traveling from Toodyay and surrounding areas, due to the Public Transport Authority being unable to provide these students with an "Orange School Bus" service. All students in the local area to the school, not eligible for the School Bus Services seats, are offered seats as complimentary passengers only. Your request will be considered against existing passenger agreements, the safety of all students and the accessibility of your request in relation to the existing routes. Should a new student from Toodyay require transport, all complimentary passengers' agreements are subject to review, in terms of age of student and other factors the driver and College may need to consider.

4. Every session travelled is recorded by the driver, and presented to the College Accounts Department, with an invoice issued at the end of each term. Payment of account rests with the person/s listed on this signed Bus Agreement form. All fees are to be settled prior to the commencement of the next school term. Failure to do so, could result in your child/ren losing their place on the bus.
5. It is the parent/carers's responsibility to inform the driver directly, with as much notice possible, if a student is NOT requiring travel on one of their designated sessions. If a session is missed THREE times, without any prior notification to the driver, a notice will be sent to the parent/carer to advise if a session is revoked, should the session be waitlisted. The College reserves the right to charge for non-attendance, without prior notification. Exceptions are made in the case of afternoon trips when a student is picked up due to illness from the College Health Centre, during the course of the day.
6. The College Bus Service Use Policy and Student Code of Conduct applies at ALL TIMES. Breaches of these
7. policies will be reviewed by the College and could result in the student losing their seat on the service.
8. All attendance queries should be directed to the driver – Mr Paul Searle or Tamara Carpenter, College Registrar.
9. All account queries should be directed to the College Accounts Department. Payment options for invoices are: EFTPOS, EFT (IHC General Account 633-000 162 609 192), Credit Card (by phone) or cash to College Reception.
10. Please provide the driver and/or College notice of intention to cease travel at your soonest convenience, to ensure all students are given access to this service, and to assist with any re-routing that may need to occur, as a result of your child exiting the service.

Parent/Carer Signature: _____

Parent/Carer Signature: _____

Date: _____

Office use:

Date Started: _____

Signature of Bus Driver: _____

Date Left: _____

Signature of Bus Driver: _____