



FAMILY FINANCE ARRANGEMENT FORM

Please list the names of your child(ren) currently enrolled at the College and the names of the child(ren) you are currently enrolling to attend the College:

Student Name:	Date of Birth:	/	/
Student Name:	Date of Birth:	/	/
Student Name:	Date of Birth:	/	/
Student Name:	Date of Birth:	/	/

Please Read:

Parent Obligations

As a condition of the enrolment of a child at Our Lady of Mercy College, parents undertake to pay all Fees and Charges as outlined in the College Schedule of Fees and Charges. The enrolment application is a legally binding agreement which commits parents to the ongoing payment of fees due, in return for the provision of a place in the College. All parents are required to enter into a Payment Arrangement with the College. Where any unforeseen changes or other circumstances may affect the ability to comply with payment obligations, parents are asked to contact the College at the earliest opportunity to discuss new payment arrangements with the Financial Services.

Unpaid Fees

While the College is supportive of families who find themselves in difficult circumstances, the College actively follows up on all overdue accounts. The College reserves the right to appoint a debt collection agency or to take legal action for the recovery of fees not paid. Any expenses, costs or disbursements incurred by the College in recovering any outstanding monies, including debt collection agency fees, solicitor's costs and other out of pocket expenses shall be collected, in addition to the outstanding fees and/or charges. This will be done where reminder notices are persistently ignored or arrangements are not made with the College to pay overdue accounts. This is to ensure fairness to families who do pay fees in accordance with the [College School Fees Information Sheet](#).

Parents/ Guardians Undertaking

I/We undertake:

- To have read and support all College regulations and policies, as available on the [College website \(https://www.olmca.wa.edu.au/cewa-policies\)](https://www.olmca.wa.edu.au/cewa-policies). Subject to change at anytime.
- To be aware of the College's current Fees and Charges, College School Fee Information Sheet and Direct Debit Request Service Agreement as available on the [College website \(www.olmca.wa.edu.au/college-fees\)](http://www.olmca.wa.edu.au/college-fees). Subject to change at anytime.
- To accept responsibility for the payment of fees as per this authorisation.
- To accept the Principal's ruling in relation to my son/daughter/wards breach of the Enrolment Agreement.
- To pay the College fees by the nominated date as per the statement issued, except where a special payment arrangement has been negotiated with the College. In the event of outstanding fees having to be collected, I understand that I would be liable for any legal costs and commissions incurred.
- To be aware that a 5% discount applies when fees are paid in full by the nominated due date in Term 1 of each school year.
- I/we agree to notify the College of any changes to our family situation that may affect our ability to continue paying our College fees as agreed.
- I/we understand and agree that my/our obligation to pay all outstanding fees and charges is not varied despite any changes in the nature of my/our relationship, nor by any court order binding on me/us relating to fee payment, nor by rulings of the Child Support Agency.
- I/we understand and agree that my/our agreement to pay all outstanding fees and charges can only be varied in writing signed by all of the billing contacts in this Agreement.
- I/we understand and agree to address and resolve any dispute between us about fee payments with each other and not involve the College.
- I/we understand and agree that any arrangement by the College to separately invoice me/us does not amount to a variation of the above.

Account information:

Please complete (even if you have provided previously) :

Account to be paid by:

Billing Contact 1:

Billing Email Address:

Postal Address:

Billing Contact 2:

The Primary Billing Contact (Billing Contact 1) will receive all the billing information, including statements and receipts. It will be the responsibility of the Primary Billing Contact to share this information with any additional billing contacts. Both billing contacts coordinate with each other the full and punctual payment of fees.

Please tick to confirm:

I/ We understand that all billing information will be emailed to Billing Contact 1 only.

Please Sign:

All persons responsible are to sign this section. Please sign by using/creating a digital signature or by printing the form, signing and scanning.

If you have any questions relating to College fees, or you would like to alter your details, please do not hesitate to contact our Financial Services staff on (08) 9720 3300 or email accounts@olmca.wa.edu.au.

Billing Contact 1:

Full Name:

Signature:

Date: / /

Billing Contact 2:

Full Name:

Signature:

Date: / /