

45 Beaufort Street Woodville Park SA 5011 Phone 08 8178 7700 Email info@whitefriars.catholic.edu.au www.whitefriars.catholic.edu.au

15/11/2024

Dear Families,

We are writing to inform you that there will be a small increase in school fees for the 2025 school year. By increasing our fees by 3%, we are better positioned to support our school community with ongoing improvements to our facilities and infrastructure, both now and into the future.

At the heart of Catholic education is the commitment to ensuring our schools remain affordable and accessible to all families. In the spirit of St. Mary MacKillop, who dedicated her life to providing education to those in need, we are committed to supporting every family in our community. Mary MacKillop believed in the dignity and potential of every child, and we continue her legacy by ensuring that no child is denied an education due to financial hardship.

If any family has financial concerns, we encourage you to contact Pauline Tirimacco to confidentially discuss additional support through fee remissions. We are here to work with you, as Mary MacKillop would have, with compassion and understanding, to ensure every child can thrive in our school.

Thank you for your understanding and continued support.

Kind Regards

Catia Frasca Acting Principal



2025 SCHOOL FEES & CHARGES

	1 Child	2 Children	3 or more Children
Full Tuition Fees	\$2,555.00	\$4,472.00	\$6,005.00
Lower Income Tuition Fees	\$1,533.00	\$2,683.00	\$3,603.00

SCHOOL FEES

Annual school fees must be finalised no later than 30 November or as per the nominated Payment Plan Agreement dates.

School fees are billed annually at the beginning of the school year or pro rata when the child commences. Fee statement accounts will be forwarded to all families each term.

Payment options include:

- BPAY
- QKR
- EFT
- Cash
- EFTPOS/Credit Card (Amex is not accepted)

ADDITIONAL CHARGES

Camps, sleepovers, other sporting activities, senior jumpers, extracurricular events, and celebrations. Invoices and payment options will be advised.

PAYMENT PLAN AGREEMENT FORMS

All families must complete a new payment plan agreement form on an annual basis. These forms must be completed and returned to the school office by 4 Dec 2024.

Please indicate the preferred payment frequency and payment method when setting up an instalment payment plan.

For all fee information, please access the school website.



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PAYMENT AMOUNTS

Full Fee 2025

	Weekly (44 Weeks)	Fortnightly (22 Fortnights)	Monthly (10 Months)	Termly (4 Terms)
1 Child	\$58.07	\$116.14	\$255.50	\$638.75
2 Children	\$101.64	\$203.28	\$447.20	\$1,118.00
3 or more Children	\$136.48	\$272.96	\$600.50	\$1,501.25

Lower Income Fee 2025

	Weekly (44 Weeks)	Fortnightly (22 Fortnights)	Monthly (10 Months)	Termly (4 Terms)
1 Child	\$34.84	\$69.69	\$153.30	\$383.25
2 Children	\$60.98	\$121.96	\$268.30	\$670.75
3 or more Children	\$81.89	\$163.78	\$360.30	\$900.75

Please Note: Repayments are based on current year fees.

If you need assistance meeting payments, calculating payment or have any questions, please contact Pauline Tirimacco, Business Manager on 08 8178 7700 <u>ptirimacco@whitefriars.catholic.edu.au</u>



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LOWER INCOME FEE

The lower income fee is applied when a family receives school card approval.

SCHOOL CARD PROCESS

The Government of South Australia offers assistance for families via the School Card Scheme. Families on low incomes are encouraged to apply for government assistance under the School Card Scheme.

Applications are available from the school Office or online at https://www.sa.gov.au/topics/education-and-learning/financial-help-scholarships-and-grants/ school-card-scheme.

Families eligible and approved for School Card will automatically be required to pay the Lower Income Tuition Fee.

FINANCIAL HARDSHIP

If you are concerned about your ability to pay schools fees, we strongly encourage you to have a discussion with us. We believe a family's financial circumstances should not be a barrier to a student accessing a Catholic education.

Where families are suffering financial hardship, we encouraged you to complete the Financial Questionnaire available from the Business Manager, for a warranted reduction in tuition fees.

Any applications for tuition fee assistance are treated as confidential. Non-payment of reduced tuition fees are treated as an overdue account.

Families are granted a reduction of tuition fees for the current year only. New applications will be required in future years.

Families are encouraged to make an appointment to meet with the Principal and/or Business Manager if they have difficulty in paying fees so that the necessary steps for fee reduction application can be discussed.

In the spirit of the Josephite tradition, we are committed to ensuring that no child is denied an education due to financial hardship. We will work together, with compassion and understanding, to support families in need and uphold the values of care and inclusion that are central to our community.

OVERDUE ACCOUNTS

Whitefriars Catholic School openly encourages regular communication between all parties. In the event that families are unable to pay regular school fees prior to the due date, families must make contact with the Business Manager.

Overdue statements will be forwarded during the year with reminder notices.

WITHDRAWAL OF STUDENT

One full term's notice of your intention to withdraw a student from the school is required in writing, to the Principal. Where this is not adhered to, the school reserves the right to charge a full term's school fees. Extraordinary circumstances will be considered.

UNIFORMS

Whitefriars Uniforms items are supplied by LOWES and all garment items can be purchased directly from LOWES Westfield West Lakes - Shop 238A/111 W Lakes Blvd, West Lakes SA 5021



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2025 PAYMENT PLAN AGREEMENT FORM

Family Name	Date	
Residential Address		
Suburb		
Phone Number		
Email Address		
Student Name	Student Name	
Student Name	Student Name	

All Parent/Guardians must complete this form and return to the Finance Office by 4 December 2024

Payment Se	ection - Please select your preferred payment option	
1	nstalment due by 28 February 2025	
4 E	Equal Instalments – 03 February, 03 May, 03 August, 03	November
44	Equal weekly payments 28 January to 25 November	
22	Equal fortnightly payments 28 January to 25 Novembe	r
10	Equal monthly payments 06 February to 06 November	
Alt	ernative payment – please indicate payment amount a	nd regularity.
	Amount	Frequency

Intende	ed Payment Method - Please select one of the options
	Direct Debit- Bank Account – (Please complete the CDF <u>Direct Debit</u> Request Form Attached)
	Direct Debit – Credit Card – (Please complete the CDF <u>Credit Card</u> Request Form Attached)
	BPay/QKR
	Cash/Eftpos



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We encourage you to contact the Business Manager, Pauline Tirimacco if you have any concerns regarding your ability to satisfy your fee commitment in 2025. A financial questionnaire is available to assess all applications.

I/We______, acknowledge that I/We are

responsible for payment of fees and charges.

Parent 1 Signature _____

Parent 2 Signature _____

Please save this form and email to accounts@whitefriars.catholic.edu.au



DIRECT DEBIT REOUEST

DIRECT

Request a	nd Authority to debit the account nam	ed below t	o pay Catholic Church Endowment Society Inc
Request and Authority	Surname or company name		
to debit	Given names or ACN/ARBN		("you")
	Society Inc may debit or charge you to be debit	ted through th	nc Debit User ID 113325 to arrange for any amount Catholic Church Endowment e Bulk Electronic Clearing System from an account held at the financial institution ct Debit Request Service Agreement [and any further instructions provided below].
Insert the name of financial institution at which account is held	Financial institution name		
Insert details of account	Name of account (holder)		
to be debited	BSB number -		Account number _ _ _ _ _ _
Acknowledgment			having read and understood the terms and conditions governing the debit powment Society Inc as set out in this Request and in your Direct Debit
	The first debit may be made on weekly / fortnightly / monthly / c		
Payment Details	Payment Amount is to be \$ instructions provided by you.		and/or as amended in accordance with written
	□ This authority will remain in place until:/ (or)		
: Written request to cancel/suspend payments is provided by you.		ents is provided by you.	
			(please delete one of these options)
Please Tick	I have received and read a copy of the Direct Debit Service Agreement		
	-		Signature
Insert your signature, address and			print full name and capacity for signing eg. director) Date / /
Telephone No			
	Address		
	Telephone No:		
	Child's Name		
FOR OFFICE USE ONLY:			
New Agreemen	it / Amendment o	f Exist	ing Authority No
CDF Account Name		CDF	Account Number:
Contact Person:		Far	nily Code:
Date Posted:			
FOR CDF USE ONLY:		1	
Date CDF Receiv	/ed:		Date Loaded:
			Loaded By:
			Authority Number:



CREDIT CARD REGULAR PAYMENT REQUEST

Reques	at and Authority to debit the credit card account named below to pay
Request and Authority	Name
to debit credit card account	Address
	Email
	request and authorise to debit my credit card account as <u>detailed below to</u> pay my This authority remains in force until such time that I provide written instruction to amend or cancel this authority.
Insert details of credit	Name of cardholder
card account to be debited	Type of credit card Mastercard / VISA
	Account number
	Expiry Dare -
Debit Frequency	The first debit may be made on / / and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that.
Debit Amount	
	□ The amount to be debited each time is \$ _ -
	(Amount in words)
Debit End Date	
	□ The debits are to continue: until further notice OR until / / .
Insert your signature	Signature
	Date / Child's Name

FOR OFFICE USE ONLY:

New Agreement /	ement / Amendment of Existing Authority		
Family Code:			
Date Received:	Date Actioned:		
Staff member (actioned by):			