

DE LA SALLE COLLEGE

81 Gray Avenue
P.O. Box 86001
Mangere East
Auckland 2158
Telephone: 276 4319
Fax: 276 7992



Agreement for the Payment of Attendance Dues

Student's Name	
Parent(s) / Caregiver(s) Name(s):	
Address:	

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance dues at a rate determined by the Proprietor and approved by the Minister of Education. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking.

I/We agree to Pay the Attendance dues as follows:

<input type="checkbox"/>	In full every term or annually, at the beginning of the school year.
<input type="checkbox"/>	Every week or fortnight (please circle) by Automatic Payment or Direct Credit.
<input type="checkbox"/>	Every week or fortnight (please circle) by cash or cheque, directly to the school office.

Communication between families and the school is extremely important. Please contact the Principal as soon as possible if you experience any financial issues that will impact on the payment of attendance dues. Failure to communicate reasons for non-payment may lead to the proprietor passing the unpaid debt to a collector.

Attendance Dues are a legal charge and not a donation, nor is it tax deductible.

I/We have read the above conditions and agree to pay the Attendance Dues in accordance with this Agreement. The agreement is effective from _____

The undersigned acknowledges that the student information which is related to the functions of the Proprietor of the school may be disclosed to the Proprietor or Proprietors agents.

Signed: (Name & Signature)		Date:	
Signed: (Name & Signature)		Date:	