



**Sevenoaks Senior College
School Charges & Contributions
Progressive Payment Agreement**

Student Name: _____

Year: _____

Total Compulsory Charges: _____

Other Payments: _____

Secondary Assist/Clothing Allowance: _____

Sub Total: _____

Plus: Yearbook _____

P & C Charge: _____

Balance Outstanding: _____

Application for Progressive Payment by:

Name: _____

Address: _____

Telephone: _____ Mob: _____

I wish to make an application to provide progressive payments to complete payment of the balance of charges.

I acknowledge that these charges are compulsory and following approval of my application I agree to make the following payments to clear the balance outstanding by 23 October 2009.

The first payment will commence: _____ / _____ / 2009

- \$ _____ Weekly
- \$ _____ Fortnightly
- \$ _____ Monthly
- \$ _____ Per Term

Signed: _____

Date: _____

Application Approved: _____

Date: _____