



GREYSTANES HIGH SCHOOL

Beresford Road, Greystanes 2145. P.O. Box 125, Wentworthville 2145.

Telephone: 02 9631 9144 Facsimile: 02 9896 3087

SCHOOL PAYMENT PLAN

STUDENT NAME: _____ YEAR: _____

Payment of:

Course Fee

Course Name	Amount
	\$
	\$
	\$
	\$

School Contribution

Year	Amount
	\$
	\$

I agree to pay \$ _____ in total, at \$ _____ per ☐ Week ☐ Fortnight ☐ Month

Payment Method: ☐ Cash ☐ Credit Card (as per below details)

Parent/Guardian signature _____

Date: _____

CREDIT CARD TRANSACTIONS

Please complete the Authority below:

Mastercard ☐ Visa ☐

Please Debit Card No: _____ / _____ / _____ / _____

Card Expiry Date: _____ / _____ CCV No: _____

Student's Name: _____ Year: _____

Payment for: _____

Cardholder's Mobile Phone Number: _____