



# Smithfield State High School

## Payment Plan Agreement via BPoint

Name of Parent/Carer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

| Student Name | Year | Amount | INVOICE # |
|--------------|------|--------|-----------|
|              |      |        |           |
|              |      |        |           |
|              |      |        |           |
|              |      |        |           |

Amount to be deducted \$ \_\_\_\_\_ Number of instalments \_\_\_\_\_

Weekly      Fortnightly      (Please tick)      Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Plans are required to be finalised by the end of Term 3, if not earlier.

Payment plans are primarily for STUDENT RESOURCE SCHEME FEES (SRS) only, SUBJECT FEES & CERTIFICATE FEES may be negotiated in special circumstances only.

Signature of Parent/Carer \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If unable to sign, email confirmation received and attached      please tick

**OFFICE USE:**  
Form taken by \_\_\_\_\_

Staff Name \_\_\_\_\_ Signature \_\_\_\_\_

CRN \_\_2159 0000 \_\_\_\_\_ Recorded in OneSchool \_\_\_\_/\_\_\_\_/\_\_\_\_

Emailed eDDR link on \_\_\_\_/\_\_\_\_/\_\_\_\_ eDDR activated by customer \_\_\_\_/\_\_\_\_/\_\_\_\_



Department of Education  
Trading as Education Queensland International (EQI)  
CRICOS Provider Code 00608A



Our Partner

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