**IB Student Resource Scheme**
Participation Agreement Form

**Participation**
The scheme is designed to offset the cost to you of the provision of educational resources associated with your child’s education. These resources enhance your child’s educational experience and assist them to fully engage with the curriculum. The scheme may be split into two components:
1. a whole school component which is common to all students depending on their year level; and
2. specific goods and services consumed by your child which are related to individual subjects undertaken by your child

☐ Yes  I wish to participate in the Student Resource Scheme in 2017. I have read and understand the Terms and Conditions of the scheme (see reverse) and agree to abide by them and to pay the participation fee in accordance with the selected payment arrangement below.

☐ No  I do not wish to participate in the Student Resource Scheme in 2017. I have read and understand the Terms and Conditions of the scheme (see reverse) and agree to abide by them, particularly paragraphs 12 and 38.

Please refer to the accompanying Subject Requirements List and/or Year Level Requirements List for fee details

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<th>Student Given Name</th>
<th>Student Surname</th>
<th>Yr Level</th>
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**IB PROGRAM YEARS 10-12 - $1000.00 PER YEAR ($250.00 PER TERM)**

**Total** $

**Parent Details**
Name: __________________________
Phone: _________________________
Parent Signature: __________________________
Date: __________________________

**Payment Arrangement**

☐ Now: I wish to make full payment now as a single payment of the total amount above.

☐ Instalments: I wish to make instalment payments, during the first two weeks of the first three terms, in the following proportion of the total amount: Term 1: $_________; Term 2: $_________; Term 3 $_________; Term 4 $_________; or as negotiated with the school: ____________________________.

I agree to make payments by the due dates and I understand that any failure to make payments by these dates may result in debt recovery action being undertaken including, where warranted, referral to an external debt collection agency at my expense. I understand my student will not be permitted to participate in non-curricular activities if my payment arrangement falls into arrears.

School Use Only: negotiated instalments approved: ____________________________
Position: ____________________________

**Payment Method**

I wish to make payment by:

☐ QParent/ BPOINT *
☐ BPAY **
☐ EFTPOS (Credit/Debit Card)
☐ Centrepay Deduction ***
☐ Cheque
☐ Cash

* Online through QParents/ BPOINT or see your school’s website
When paying by BPOINT, please use the Customer Reference Number (CRN) and invoice number printed on the invoice received from the school. If unsure of your CRN, please contact the school.

** Following return of this completed form to the school, an invoice, which will include BPAY details will be provided.

*** Payment by Centrepay deduction can be arranged through the school office.

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