



# Beaudesert State High School Payment Arrangement Form

I, \_\_\_\_\_ as Parent/Caregiver, hereby agree to make payments as part of my obligation under the conditions of agreement for outstanding fees/ invoice. Please complete and return to the Finance Window or email [accounts@beaudesertshs.eq.edu.au](mailto:accounts@beaudesertshs.eq.edu.au)

### Payment Arrangement via Bank Transfer or QKR

Beaudesert SHS  
BSB 064-400  
Account 0009 0023  
Reference: Student Name/and or EQ ID

### Student Details

<b>Student Name</b>	
<b>Student EQ ID</b>	
<b>Year Level</b>	

<b>Invoice/Uniform Details</b>	
<b>Total Amount Due</b>	\$
<b>Start Date</b>	/ /
<b>Weekly or Fortnightly</b>	
<b>Amount</b>	\$

### Parent Signature

<b>Parent Name</b>	
<b>Parent Signature</b>	
<b>Date</b>	
<b>Email</b>	
<b>Contact Number (Daytime)</b>	