



Change of Family Status / Fee Responsibility Form

Parent 1/Guardian's Name: _____ Id: _____
Address: _____
Home Phone: _____ Bus. Phone: _____ Mobile Phone: _____
Email Address: _____

Parent 2/Guardian's Name: _____ Id: _____
Address: _____
Home Phone: _____ Bus. Phone: _____ Mobile Phone: _____
Email Address: _____

Additional / Fee Payer Name: _____ Id: _____
Address: _____
Home Phone: _____ Bus. Phone: _____ Mobile Phone: _____
Email Address: _____

Are there any Court Orders in Place? Yes No

If Yes, please provide the original to the College. If there are no court orders in place, the non-residential **Guardian** is entitled to a copy of the student report. This will be available upon request.

Residential Guardian of Students:

Student: _____ Parent 1/Guardian Parent 2/Guardian Dual Guardianship during Weekdays

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Responsibility of payment of Education Fees, etc: Parent 1: ____% Parent 2: ____% Other ____%

To apply to: **Current balance** and/or **Future charges** (**Date to take effect**.....)

Parent 1/Guardian Signature: _____ Date: _____
Parent 2/Guardian Signature: _____ Date: _____
Additional/Fee Payer Signature: _____ Date: _____
Please ensure both sides of form are read and signed.

There is information we hold about students and parents which should be regularly updated. This information includes comprehensive contact details for parents and other authorised contacts, student medical details and details of health insurance coverage. Please take this opportunity to ensure these details are up to date for your children.

Please See Over

Change of Family Status – Fee Information

It is the practice of St. Peter's College that, until written advice is received by the Finance Office via the completed and signed 'Change of Family Status' form, no changes will be made to existing information in relation to the family's contact or fee account details. Both parents will remain jointly and severally responsible for the current outstanding fee balance and future fees incurred. All correspondence, including students' reports, fee accounts and other College documents, will continue to be issued in joint names to the postal or email address currently on file.

As of the date of receiving the completed "Change of Family Status" form, the fee payers' account will be changed in accordance with the details in the form, only if it has been signed by all of the original signatories to the enrolment.

The signatories will become separately responsible for the balance of any outstanding fees and charges as at the date of the re-allocation of the joint fee account and in accordance with the details on the form.

Any change will remain until further written advice is received, either by signed agreement from all parties or by Court Order that refers specifically to St. Peters College School fees.

Details of your current account balance and payment details can be provided to you by contacting the Finance Team on 5990 7777 or via email at finance@stpeters.vic.edu.au

In circumstances where the College has been authorised to set up a Direct Debit arrangement for the periodic payment of fees from an account held jointly, the College will continue to process these periodic payments and will receipt them against the joint fee payers' account until the completed and signed "Change of Family Status" Form has been received by the Finance Office.

It is the responsibility of payers to advise the Finance Team at least one working day prior to the next scheduled periodic payment if this Direct Debit arrangement is to be cancelled (for example, if the joint bank account is no longer to be used or if the funds are not available within that account).

If the College incurs any fees as a result of periodic payments being stopped by the Bank, the College may pass these fees onto the joint fee payers' account.

Please sign here to confirm that you understand the terms and conditions regarding the St. Peter's College 'Change of Family Status' process as outlined above:

Parent 1/Guardian Signature: _____ **Date:** _____

Parent 2/Guardian Signature: _____ **Date:** _____

Additional/Fee Payer Signature: _____ **Date:** _____

FOR OFFICE USE:

Date Received at College: _____ Received By: _____ Entered by: _____

Copy to person submitting form (Signature): _____ Signed for St. Peters College _____