KALAMUNDA SENIOR HIGH SCHOOL
CREDIT CARD PAYMENT FORM 2027

Name of Parent / Guardian	
Address	
	Tel.

STUDENT'S SURNAME	GIVEN NAME	YEAR	AMOUNT
1.			**$**
2.			**$**
3.			**$**
4.			**$**
		Total	**$**

☐ 1 credit card payment (please complete details below)

OR

If you wish to make arrangements to pay your school account by instalment, then the following option may appeal to you.

☐ 10 credit card payments

Credit Card Number:																

Mastercard ☐ **Visacard** ☐ Card Expiry Date:___/___

☐ **PAYMENTS OF** **$** **EACH**

First payment commencing on: February 2026

Final payment on: November 2026
(for 10 repayments only)

In case of a subject change or missed payment I authorise the last payment to be the balance of the account.

Full Name on card: _____

Signature of Cardholder: _____ **Date:** / /

Office Use Only

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV