



STUDENT RESOURCE SCHEME PARTICIPATION AGREEMENT Instrumental Music 2019

Privacy Statement

The Department of Education and Training through the school is collecting your personal information in accordance with section 51 of the *Education (General Provisions) Act 2006* in order to administer the Student Resource Scheme in an efficient, ethical and secure manner. The information will only be accessed by school employees conducting the scheme. Some of this information may be given to departmental employees for the purpose of debt recovery. Your information will not be given to any other person or agency unless you have given permission or the Department of Education and Training is authorised or required by law to make the disclosure.

Participation

Yes I wish to participate in the Student Resource Scheme for Instrumental Music in 2019. I have read and understand the Terms and Conditions of the scheme (see *Student Resource Scheme – Instrumental Music brochure*) 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 for Instrumental Music in 2019. A parent/carer who chooses not to participate in the scheme is responsible for providing the student with all items that would otherwise be provided by the scheme, to enable the student to engage with the curriculum (e.g. sheet music, copyright fees, music stands, amps, photocopied workbooks).

STUDENT NAME:		YEAR	
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Instrumental Music Scheme	\$	45.00	<input type="checkbox"/>
Instrumental Music Scheme with Instrument Loan	\$	95.00	<input type="checkbox"/>

	TOTAL	\$	
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Payment Arrangement and Payment Method

- Pay in full now
 Entry fee of \$20 then continue to pay off the balance

Parent/Carer signature:	X	Date:	
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METHOD OF PAYMENT:

- CASH PAYMENT
- CHEQUE PAYMENT (make cheque payable to **CHSHS**)
- INTERNET BANKING – direct deposit into the school bank account – BSB **064-433** Account Number **00094127** Reference **STUDENT'S NAME**
- EFTPOS (Credit/Debit Card) [payment can be taken over the phone by calling 46367508 or 46367576]

I hereby authorise Centenary Heights State High School to debit my credit/debit card:

										EXPIRY: ____/____	AMOUNT \$ _____
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CARDHOLDERS NAME (as it appears on the card): _____ SIGNATURE OF CARDHOLDER: _____
