



New Family Fee Payment Form

Family Information

Family Surname

Customer Code (if available)

Father's Name

Mother's Name

Full Postal Address

Address

Town

State

Postcode

Country

Telephone

Home

Work

Mobile

Fax

E-mail

Student Name	Family Registration (A once only fee)	Diagnostic Test Fee (Per Student)	School Fees (Tuition & Materials)	Postage	Total
(a)	\$AU 220	\$ AU 100	\$AU _____	\$AU _____	
(b)					
(c)					

New Student to existing family depends on which no, child and pro-rata if mid year.

Payment

Credit Card Details

Card Type

Mastercard Visa

Card Number

_____ - _____ - _____ - _____

Card Expiry Date

____/____/____

Name on Card

(please print)

Signature: _____

Date: ____/____/____

Please return this form with the appropriate payment to:

Australian Christian College - International

Address:

Locked Bag 6000

(34 Cottrill Road)

Caboolture BC, QLD 4510

Australia