



## Application for Enrolment Form Variation Authority

This form grants authority for a variation to the existing Application for Enrolment Form(s) for the current or prospective students listed below and to alter the billing arrangements for the Annual Tuition Fee, other Annual Fee per student charges, Annual Fee per family charges and per student Subject Levy charges relating to the family fee statement.

**Please note:** This form must be either signed by both parties listed on the current Application for Enrolment Form as being responsible (joint and several) for the payment of all fees & charges; or separate signed forms received from both parties listed. Please refer to St Luke's College's Fees & Charges Schedule for details on payment options and standard terms and conditions relating to the College's fees.

Please contact the office for any questions regarding a variation to an existing Application for Enrolment Form on 08 9144 1081, or contact the School Accounts Office at [accounts@stlukescollege.wa.edu.au](mailto:accounts@stlukescollege.wa.edu.au) for split billing arrangements.

Amended Details of Parent/Guardian 1														
Family Name	First Name	Title												
Address		Phone (H)												
Address	Postcode	Phone (W)												
Postal Address (if different from above)														
Email		Mobile												
Amended Details of Parent/Guardian 2/Alternate Family														
Family Name	First Name	Title												
Address		Phone (H)												
Address	Postcode	Phone (W)												
Postal Address (if different from above)														
Email		Mobile												
Details of Student(s) Attending St Luke's College														
Family Name	First Name	Year												
Family Name	First Name	Year												
Family Name	First Name	Year												
Changes to Custody / Access Restriction Details														
Student(s) now resides with: <table style="margin-left: 20px; border: none;"> <tr> <td>Mother &amp; Father</td> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mother Only</td> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Father Only</td> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td>YES</td> <td><input type="checkbox"/></td> </tr> </table>		Mother & Father	YES	<input type="checkbox"/>	Mother Only	YES	<input type="checkbox"/>	Father Only	YES	<input type="checkbox"/>	Other	YES	<input type="checkbox"/>	Please circle: Permanent / Shared / Never Permanent / Shared / Never Permanent / Shared / Never Permanent / Shared / Never
Mother & Father	YES	<input type="checkbox"/>												
Mother Only	YES	<input type="checkbox"/>												
Father Only	YES	<input type="checkbox"/>												
Other	YES	<input type="checkbox"/>												
Please Detail:		Do amended Custody or Access Restrictions now apply? YES <input type="checkbox"/>  Please attach all relevant documentation												
Details of Split Billing Special Fee Arrangement Request – please tick box as appropriate														
Equal Split (50:50) <input type="checkbox"/>	Other:	Effective Date:												





## Application for Enrolment Form Variation Authority

### DECLARATION : Application for Enrolment Form Variation

I/We give St Luke's College authority to vary the existing Application for Enrolment Form and implement amended billing arrangement for the students listed above, to cover all tuition fees, levies and other charges included on the family fee statement. This authority approves the division of the family fee account into two separate accounts in the names of the parents/guardians and in the ratio listed above, for the duration of our student(s) enrolment at St Luke's College.

By signing this authority, I/We acknowledge that I/We have read and understand the School Fees, Charges and Business Arrangements. I/We agree to the payment of fees and charges, including late fees and recovery charges in the event of late payment or account default as per the College's Fees and Charges information.

### Parent/Guardian Declaration

I/We declare that I/we have the authority to request a variation to the Application for Enrolment Form and/or change to the billing arrangements as detailed above, and that the information provided is accurate and true in every particular.

\_\_\_\_\_  
Parent / Guardian 1 Signature

\_\_\_\_\_  
Parent / Guardian 2 Signature

\_\_\_\_\_  
Parent / Guardian 1 Full Name

\_\_\_\_\_  
Parent / Guardian 2 Full Name

Date:

Date:

<b>Office Use ONLY:</b>			
<b>Date Received:</b>	<b>DF KEY</b>	<b>ALT DF</b>	<b>Date Reply Sent:</b>
<b>Principal's Authorisation:</b>			<b>Date:</b>

