WULGURU STATE SCHOOL

P.O. Box 2541, Idalia, QLD 4811
54 Edison Street, Wulguru, Townsville, QLD 4811

Phone: (07) 4799 8777
Email: admin@wulguruss.eq.edu.au

ABN. 20 503 607 004

A/Principal: Jen McCaskill
HOD: Amanda Madsen
Business Manager: Monique Karban

2026 Payment Agreement Form

Student Name: _____ **Year:** 4 **Class:** _____

Below is the schedule of fees for your student. Please tick the items you will be paying and select the payment method below. These items will then be invoiced to your student's account.

Please note for all methods of payment, other than CentrePay, payments must be made by the nominated due date.

✓	Due Date	Item	Amount $	Information
	18/02/2026	Student Resource Scheme	75.00	See attached information
	11/02/2026	Arts Council	6.50	Beats N Pieces 25/2/26
	13/05/2025	Excursion	12.00	Details to be advised
	15/05/2026	Excursion/Camp	65.00	Billabong Sanctuary – approx. cost TBC
	14/05/2026	Prep to 6 show	7.00	Googabinj Show
	31/07/2026	Arts Council	6.00	The Super Science Circus Show
	05/08/2026	Life Educations	5.00	TBC
	16/10/2026	Swimming Program	63.00	Lessons at Tobruk Swim School & transport
		Total:	$239.50	

Total if not participating in all items $ _____

Payment method

◯ CentrePay — Please complete a CentrePay application form (one per family) and return to the office with this payment agreement form. By selecting CentrePay as your payment option you are agreeing to pay all of the above items. Your fortnightly payment amount will be calculated so that payments are finalised by the end of Term 3.
Initial here if you would like optional Instrumental Music covered by Centrepay_____

◯ EFTPOS or Cash — In person at the office by the due dates noted above.

◯ BPOINT — Invoices will be emailed to you and will contain the CRN and reference number to make a payment by BPOINT.

◯ Internet Banking — Commonwealth Bank – Wulguru State School General Account
BSB: 064 819 Account: 00090866
Reference: student name

I, _____ agree to make the above payment by the due dates noted above.
(Parent/Carer name)

Parent/carer signature _____ Date _____