



COMPOSITION FEES SCHEME – AGREEMENT

Please read carefully the Composition Fee Scheme Conditions before completing this Agreement.

NAME OF PAYER/S :

PAYER/S ADDRESS :

:

:

:

POST CODE :

SCHEME IN RESPECT OF :
(Child/ren's Name/s)

RELATIONSHIP TO CHILD/REN :

DATE SCHEME IS TO COMMENCE :

I/We declare that I/We have read the Composition Fee Scheme Conditions and I/We agree to abide by them.

I/We have received from the School a Fund Schedule and I/We agree to deposit the recommended sum as per that schedule. Extras are/are not to be included.

I/We have satisfied myself/ourselves the terms and conditions of the Scheme will meet our requirements.

(Signed - Payer 1)

(Signed of behalf of
Hazelwood School Ltd)

(Signed - Payer 2)