



ST. BEDE'S COLLEGE

2 MENTONE PARADE, MENTONE, VICTORIA. 3194

Phone: 9582 5999 Fax: 9582 5757

Email: accounts@stbedes.catholic.edu.au

www.stbedes.catholic.edu.au

PAYMENT FORM

Application Fee

Paid stamp

Surname:

Student's Name:

Address:

Parent email

Mother Father Phone:.....

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Student's Name _____

Year Level - ____ in Calendar Year 20 __ __

Payment Method:

Cash Cheque Mastercard Visa

Credit Card Number:

Expiry Date:

Name on card:

Signature:

Phone number:

Amount **\$50.00**