



## SPLIT BILLING REQUEST FORM

Families who wish to split their account between two parties must complete, both parties sign and return the split billing request form, authorising the account to be divided equally.

*Please note:* the responsibility for payment of any fees incurred prior to this form being submitted will remain joint.

Once completed, please return via email to [accounts@lumen.wa.edu.au](mailto:accounts@lumen.wa.edu.au) or in person to our Finance Department.

PARENT / LEGAL GUARDIAN 1 DETAILS		
SURNAME		FIRST NAME
ADDRESS		
EMAIL		MOBILE NUMBER
PARENT / GUARDIAN SIGNATURE		DATE
PARENT / LEGAL GUARDIAN 2 DETAILS		
SURNAME		FIRST NAME
ADDRESS		
EMAIL		MOBILE NUMBER
PARENT / GUARDIAN SIGNATURE		DATE
DETAILS OF STUDENT/S ATTENDING THE COLLEGE		
SURNAME	FIRST NAME	YEAR LEVEL
OFFICE USE ONLY		
ORIGINAL BILLING ACCOUNT		
SPLIT BILLING ACCOUNT		DATE