ST PAUL'S
PRIMARY SCHOOL
KARRATHA

Wellard Way, Karratha PO Box 1628,
Karratha, WA 6714
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T 08 9185 7500
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Name of Parent/Guardian	
Contact Phone Number	

Student's Surname (if different)																
Credit Card Number																
	Bankcard			Mastercard				Visa								
Card Expiry Date			/			CCV										

PAYMENT AMOUNT $_____

Full Name on Card: _____

Signature of Cardholder: _____ Date: / /