

O.K.C.S. Society Fee Payments 2025/2026

1. Payment can be made from now until September 2nd by Pre-Authorized Debit (PAD), cash, cheque or e-transfer to susanevans@cesd73.ca. If you plan to make payment by cheque, please make the it payable to **Olds Koinonia Christian School Society**. The O.K.C.S. Society is unable to accept payment by credit cards.

3. **If you are unable to pay in full by September 2/25**, payments are to be made by PAD. Lump sum or monthly payments can be scheduled. If you choose to pay monthly, you are encouraged to pay over a 10-month schedule, August to May if possible. Families who choose to pay over 12 months should be aware that the 12-month payment schedule begins August 1st and finishes July 1st. Please complete the attached form.

4. If you need an alternative payment plan, you are required to submit a written proposal or email requesting exemption from automatic withdrawals and outlining your plan for fee payments. Each case will be considered individually.

5. **Re-enrollment** for 2025-2026 can only be accepted if the current year's fees are paid in full or you are making monthly payments.

6. Should your family be experiencing financial difficulties, please make an appointment with Administration, by contacting Susan Evans, to discuss the situation and possible alternative solutions. This could include applying to our Tuition Assistance Program.

Busing

Please let us know as soon as possible if you wish to change busing arrangements.

Busing is available for most students depending on available space. We are unable to offer gate service to new riders and have congregated stops in both rural areas and the towns of Olds, Sundre, Didsbury and Carstairs.

If you have any questions, please do not hesitate to contact Susan by phone (403-556-4038), email (susanevans@cesd73.ca) or person at the office.



Olds Koinonia Christian School Society
Box 4039, Olds, AB T4H 1P7
(403) 556-4038 email: olds.koinonia@cesd73.ca
Fax: (403) 556-8770

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PARENT INFORMATION

Name: _____ Telephone: (____) _____

I/we will pay in full by September 2, 2025

PAD DETAILS

I/We authorize the **Olds Koinonia Christian School Society** to set up new pre-authorized debit transactions for the following:

Payment Amount: \$ _____ Donation Amount: \$ _____

Start Date: _____ 2025 End Date: _____ 202_

Payments to be made on the 1st 15th 20th (please check one) day of each and every consecutive month

One-time payment amount: \$ _____ Date: _____ 2025

Signature: _____ Date: _____ 202_

There is no change to our Banking information A void cheque/Bank form is attached

This authority is to remain in effect until Olds Koinonia Christian School Society has received written notification from me of its change or termination. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse right, I may contact my financial institution or visit www.cdnpay.ca.

Please return this completed form and void cheque(if applicable) by email to:
 susanevans@cesd73.ca