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Academic Fees 2018/2019

PAYMENT METHODS

- Credit/ Debit Card/ Cash/ Bank Draft/ PayPal/ Cheque/ Postal Order

BANK TRANSFER

Bank Account Name: City Colleges Education Ltd.

Bank Name: Bank of Ireland

Bank Address: 88 Lower Camden Street, Dublin 2

Swift/BIC Code: BOFIE2D

IBAN: IE53 BOFI90011384803416

Payer's Reference: Student's Name

If you are using this method of payment, please remember to quote the students name in the reference on all payment transfers to the college.

Email us at accounts@citygroup.ie

Student's Name: _____ 5th Year 6th Year Repeat 6th Year

FEE PAYER CONTACT DETAILS:

Name: _____

Address: _____

Email: _____ **Daytime Tel:** _____

Mobile: _____

Please indicate your chosen payment method by ticking the appropriate box below:

Option 1 Option 2 Option 3 Option 4

I wish to pay with the following:

*Credit/Debit Card Cash Bank Draft *PayPal Cheque Postal Order

*Credit Card: Follow link below and introduce your payment details

<http://www.citycolleges.ie/wp/product/send-city-colleges-a-payment/>

*PayPal: Follow link below and introduce your payment details

www.paypal.me/CityCollegesGroup

I wish to include the Express Bus Service – YES NO

TERMS & CONDITIONS

Non- Refundable Deposit

If you wish to accept the offer of a place in Ashfield College, a deposit of €500 is payable. The deposit will be credited against the initial years' fee payments. The deposit is non-refundable if you do not take up the place.

Late payments

Ashfield College will engage with late-paying parents for up to two months. Thereafter, the school may refer the matter to our solicitors. In addition, the school reserves the right to cancel a student's place during the course of the school year in the event of non-payment of school fees.

Cancellation

Cancellation of school places, in writing to the principal, must be received prior to the first day of the school academic year, otherwise full fees are payable (subject to exceptional circumstances) .

I agree to the terms and conditions outlined above

Signature (Fee Payer): _____ Date: _____

Signature (If different from above): _____

Date: _____