

## **Applecross Primary School**

65 Kintail Road Applecross WA 6153 T 08 6274 1850

E applecross.ps@education.wa.edu.au
W applecrossps.wa.edu.au

## 2024 SCHOOL CHARGES AND VOLUNTARY CONTRIBUTIONS

Please return this form with your payment to the School Office

					F	AMILY	NAME						
					C	HILD'S	NAME	Oldest Child					
YEAR LEVEL						YEA	R LEVEL	Yr:	Yr:	Yr:	Yr:		
TABLE	1 – VOL	UNTAR	CONT	RIBUTIO	NS								
VOLUNTARY CONTRIBUTIONS \$60 for 1 Child \$120 for 2 Children \$160 Family discount for 3 or more children						١		\$60.00 (1 or 1 of 2)  \$53.33 (1 of 3)  \$40.00 (1 of 4)	\$60.00 (2 of 2) \$53.33 (2 of 3) \$40.00 (2 of 4)	\$53.34 (3 of 3)  \$\square\$ \$40.00 (3 of 4)	\$40.00 (4 of 4)		
P&C VOLUNTARY CONTRIBUTION \$65 per family								\$					
BUILDING FUND TAX-DEDUCTIBLE DONATION \$50 per family Please complete back page for issue of tax-deductible receipt \$							\$						
TABLE	2 – EXTR	RA COS	T OPTIC	ONS				+	+	+ + + + *Unallocated Cr Balance *Unallocated Cr Balance			
	naximum hool Cha							*Unallocated Cr Balance	*Unallocated Cr Balance	*Unallocated Cr Balance	*Unallocated Cr Balance		
K	PP	Y1	Y2	Υ3	Y4	Y5	Y6	Balance Payable:	Balance Payable:	Balance Payable:	Balance Payable:		
\$175	\$225	\$255	\$255	\$290	\$385	\$380	\$967	\$	\$	\$	\$		
OTHER	ł							\$	\$	\$	\$		
SUB TOTALS								\$	\$	\$	\$		
TOTAL	PAYABI	LE								\$			
			lit balance	total, if any	/, can be o	btained	by contactin	g the school office (6274	4 1850) during school ho				
* Your ch		cated cred	lit balance	total, if any	/, can be o	btained	by contactin	g the school office (6274	4 1850) during school ho				
* Your ch	AENT OPT PREFER Please	rions  RED PA  use ch	<b>YMENT</b> ild's <b>Na</b>	METHO	<b>D</b> - Dired d <b>Room</b>	CT DEP( <b>No</b> as	osit <b>-</b> ANZ	Z Booragoon BSE	4 1850) during school ho	ours, 8:30 – 3:30pm. Unt No <b>3408 673</b> 9			
* Your ch	PREFER Please to app	rions  RED PA  use ch	<b>YMENT</b> ild's <b>Na</b> .ps@ed	METHO me and ucation	<b>D</b> - Dired d <b>Room</b> l.wa.ed	CT DEPO <b>No</b> as <mark>u.au</mark>	osit - ANZ	Z Booragoon BSE	3 <b>016-267</b> Accou <b>onfirmation</b> of br	ours, 8:30 – 3:30pm. Unt No <b>3408 673</b> 9			
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## APPLECROSS PRIMARY SCHOOL BUILDING FUND

☐ CASH

	APPROVED TAX DED per family	UCTIBLE DONATION to APPL	ECROSS PRIMA	ARY SCHOOL	. BUILDING FL	JND \$						
Α	tax deductible recei	ot for the amount donated	will be issued o	and sent to y	/ou.							
PI	EASE COMPLETE (	CONTACT DETAILS FOR	ISSUE OF ATO	O APPROV	ED TAX DE	DUCTIBLE RECEIPT	:					
	FULL NAME:											
	ADDRESS:											
	ADDRESS.											
	TELEPHONE:											
	EMAIL:											
PAY	MENT OPTIONS											
	PREFERRED PAYMENT	METHOD – Direct Deposit -	ANZ Booragoo	on BSB <b>016-2</b>	267 Account	3849 49361						
	Please use your Fam to applecross.ps@ed	ily Name as reference and	email confirm	ation of dep	oosit and add	dress/contact details						
_												
	CREDIT CARD - Visa & Mastercard – please complete all credit card details below											
	CREDIT CARD NO: (PLE	ASE PRINT CLEARLY)										
	EXPIRY DATE: (PLEASE F	RINT CLEARLY)										
		CARD HOLDER'S NAME		CARD HOLDE								