



Applecross Primary School

65 Kintail Road Applecross WA 6153

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Dear Parents

As part of our science program our **Year 1** students will be taking part in the following evening event on **Wednesday 14 August 2019**.

Richard Tonello from Astronomy Education Services will be conducting an astronomy field night. We would like to invite the **families** of our Year 1 students to bring a **picnic dinner to school at 6:00pm** which will be followed at 6:30pm with a 20 minute computer presentation in the music room. The presentation shows the constellations, planets, objects of interest (deep sky objects not seen with the naked eye). This is followed by the telescope viewing on the oval. Four telescopes will be set up so students and parents can view the night sky. A laser guided tour of the night sky is conducted and Richard will answer questions. The evening should conclude around 8:30pm.

The cost of the evening field night is **\$3.75**. Please complete the Parent Permission and Payment Form attached and return to the locked box in the school office with correct money, if paying cash, by Friday 9 August 2019.

Thank you

Wendy da Costa, Helen Murray, Monique Thomas, Jessica Tait
Year 1 Teachers
1 August 2019

Parent Permission and Payment Form Astronomy Field Night

Where: Applecross Primary School

When: Wednesday 14 August 2019

The cost will be **\$3.75** per student. **Please sign and return this permission slip together with correct money (if paying cash) to the front office by Friday 9 August 2019.**

I have read and understood the information regarding the Astronomy Field Night on 14 August 2019 and give consent for my child to attend.	
Child's Name: _____	Room Number: _____
Signed: (Parent/Guardian) _____	Date: _____
Phone Number: _____	

PAYMENT OPTIONS * CASH

* CREDIT CARD - **Visa & Mastercard**

* CHEQUE - payable to '**Applecross Primary School**'

* DIRECT DEPOSIT - ANZ Booragoon **BSB 016-267 Account No 3408 67399** *(Please use your child's Name and Room No as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)*

PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque Cash Credit Card
 Visa Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE