

Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792

Email: applecross.ps@education.wa.edu.au www.applecrossps.wa.edu.au

Dear Parents/Caregivers,

Edu-Dance Program 2018

Applecross Primary School students from Pre Primary to Year 6 will be participating in the Edu-Dance Program again this year during Term 3. The program will run for nine weeks, with each class receiving a 30 minute lesson per week, culminating in performances at the end of the day of their 9th lesson - at 2.15pm on Wednesday 12 September and at 2.15pm on Monday 17 September.

The cost of the Edu-Dance Program will be \$26.00 and payment will need to be made with the return of the attached permission slip.

Please return the **Parent Permission and Payment Form** together with correct money (if paying cash) in the envelope provided to the locked box in the front office by **Friday 1 June 2018**.

Yours sincerely,

Mr Derek Rijnhart Physical Education Specialist 15 May 2018 Derek.rijnhart@education.wa.edu.au

Parent Permission Form Edu-Dance Program

Where: Applecross Primary School

<u>When:</u> Term 3, 2018

The cost will be **\$26.00** per student. Please sign and return this permission slip together with correct money (if paying cash) to the front office before <u>Friday 1 June 2018</u>.

I have read and understood the information regarding the Edu-Dance Program in Term 3 2018 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 ' <u>Applecross Primary School</u> ' * Discar Descar - ANZ Descrete on PGD 016 267 Account No 2400 67300 (Places use your shild's Marse and Beerry Ma	
* 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 <u>Applecross.ps@education.wa.edu.au</u>)	
rejerence and email conjunation of payment to <u>Apprecross.ps@education.wd.edu.uu</u> j	
PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque Cash	Credit Card
	Visa Mastercard
CREDIT CARD NO: (PLEASE PRINT CLEARLY)	
EXPIRY DATE: (PLEASE PRINT CLEARLY)	
CARD HOLDER'S NAME CARD	IOLDER'S SIGNATURE