



Applecross Primary School

65 Kintail Road Applecross WA 6153

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Dear Parents

Wildlife Incursion

In Week 4 of this term, we will be participating in a wildlife incursion. The experienced staff at West Oz Wildlife offer animal based activities that range from observation, animal care, safe animal handling and facts about each animal and the ecosystem in which they live. The students will get the opportunity to get up close and personal with all of the wildlife, pat all animals, and hold the reptiles (if they want to).

The incursion will run over two days. Our class will attend a session on **Thursday 7 November 2019**. There will be two keepers from West Oz Wildlife, together with a teacher and educational assistant (where required), therefore parent help is not required for this incursion.

The cost for each child will be **\$10.50**. Please return the **Parent Permission and Payment form** along with correct money (if paying cash) in a sealed and labelled envelope to the locked box in the front **office** by **Friday 25 October 2019**.

Kind Regards

Mrs Nicholas, Mrs Da Costa, Mrs Murray

Teachers

15 October 2019

Parent Permission and Payment Form West Oz Wildlife Incursion

Where: Applecross Primary School

When: Thursday 7 November 2019

The cost will be **\$10.50** per student. **Please sign and return this permission slip together with correct money (if paying cash) to the front office by Friday 25 October 2019.**

I have read and understood the information regarding the West Oz Wildlife Incursion on Thursday 7 November 2019 and give consent for my child to attend.

Child's Name: _____ **Room Number:** _____

Signed: (Parent/Guardian) _____ **Date:** _____

Phone Number: _____

NOTE: If you have PAID for an incursion and your child is absent on the day of the event, payment will be automatically refunded to unallocated credit on your child's account.

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