

Parent Consent and Payment Options Form Year 6 Camp 2019

Where: Fairbridge Village, Pinjarra

When: 5 November to 8 November 2019

The cost will be \$374.00 per student. Please sign and return this permission slip together with correct money (if paying cash) to the front office before **Friday 27 September 2019**.

I have read and understood the information regarding the Year 6 Camp from 5 November to 8 November 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)

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

EXPIRY DATE: (PLEASE PRINT CLEARLY)

--	--	--	--

CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE

☐ I have contacted the Manager of Corporate Services regarding a payment plan