



# Applecross Primary School

65 Kintail Road Applecross WA 6153

T 08 6274 1850

E [applecross.ps@education.wa.edu.au](mailto:applecross.ps@education.wa.edu.au)

W [applecrossps.wa.edu.au](http://applecrossps.wa.edu.au)

## 2026 SCHOOL CHARGES AND VOLUNTARY CONTRIBUTIONS

Please return this form with your payment to the School Office

<b>FAMILY NAME</b>							
<b>CHILD'S NAME</b>	<i>Oldest Child</i>						
<b>YEAR LEVEL</b>	Yr:	Yr:	Yr:	Yr:			
<b>TABLE 1 – VOLUNTARY CONTRIBUTIONS</b>							
<b>VOLUNTARY CONTRIBUTIONS</b> \$60 for 1 Child \$120 for 2 Children \$160 Family discount for 3 or more children		<input type="checkbox"/> \$60.00 (1 of 1 of 2) <input type="checkbox"/> \$53.33 (1 of 3) <input type="checkbox"/> \$40.00 (1 of 4)	<input type="checkbox"/> \$60.00 (2 of 2) <input type="checkbox"/> \$53.33 (2 of 3) <input type="checkbox"/> \$40.00 (2 of 4)	<input type="checkbox"/> \$53.34 (3 of 3) <input type="checkbox"/> \$40.00 (3 of 4)	<input type="checkbox"/> \$40.00 (4 of 4)		
P&C VOLUNTARY CONTRIBUTION \$65 per family		\$					
BUILDING FUND TAX-DEDUCTIBLE DONATION \$50+ per family		\$					
<i>Please complete back page for issue of tax-deductible receipt</i>							
<b>TABLE 2 – EXTRA COST OPTIONS</b>							
Total maximum estimated costs per child per year level as per School Charges and Voluntary Contributions Schedule		+ *Unallocated Cr Balance	+ *Unallocated Cr Balance	+ *Unallocated Cr Balance	+ *Unallocated Cr Balance		
<b>K</b>	<b>PP</b>	<b>Y1</b>	<b>Y2</b>	<b>Y3</b>	<b>Y4</b>	<b>Y5</b>	<b>Y6</b>
\$100	\$225	\$260	\$260	\$285	\$380	\$375	\$945
Balance Payable:		\$	\$	\$	\$	\$	\$
OTHER		\$	\$	\$	\$	\$	\$
SUB TOTALS		\$	\$	\$	\$	\$	\$
TOTAL PAYABLE				\$			

\* Your child's unallocated credit balance total, if any, can be obtained by contacting the school office (08 6274 1850) during school hours, Mon – Fri 8:30am– 3:30pm.

### PAYMENT OPTIONS

**PREFERRED PAYMENT METHOD - DIRECT DEPOSIT** (Please call school on 08 6274 1850 for bank account details)  
Please use child's Name and Room No as reference and email confirmation of breakdown and payment to [applecross.ps@education.wa.edu.au](mailto:applecross.ps@education.wa.edu.au)

**CREDIT CARD - Visa & Mastercard** – please complete all credit card details below

**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

CASH

**PTO** to complete details for issue of ATO approved tax deductible receipt for contribution to the school's Building Fund

# APPECROSS PRIMARY SCHOOL BUILDING FUND

ATO APPROVED TAX DEDUCTIBLE DONATION to APPECROSS PRIMARY SCHOOL BUILDING FUND \$50+	\$
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A tax deductible receipt for the amount donated will be issued and sent to you.

## PLEASE COMPLETE CONTACT DETAILS FOR ISSUE OF ATO APPROVED TAX DEDUCTIBLE RECEIPT:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PAYMENT OPTIONS

**PREFERRED PAYMENT METHOD** – Direct Deposit (Please call office on (08) 6274 1850 for bank account details)  
Please use your **Family Name** as reference and **email confirmation of deposit and address/contact details**  
to [applecross.ps@education.wa.edu.au](mailto:applecross.ps@education.wa.edu.au)

CREDIT CARD - **Visa & Mastercard** – please complete all credit card details below

**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

CASH