



Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 6274 1850

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

www.applecrossps.wa.edu.au

Dear Parents/Caregivers

EDU-DANCE PROGRAM 2022

Applecross Primary School students from Pre Primary to Year 6 are currently participating in the Edu-Dance Program during Term 1. The program will run for nine weeks, with each class receiving a 30 minute lesson per week.

At this stage, we hope to have one whole school concert on Friday 8 April, starting at 2pm. Further information regarding the performance will be provided later in the term.

The cost of the Edu-Dance Program is \$35.50.

As lessons have already commenced, please return the **Parent Permission and Payment Form** attached indicating your payment preference, along with correct money if paying by cash, in a sealed and labelled envelope to the locked box in the front office as soon as possible.

Yours sincerely

Antionette Soraci
Deputy Principal
9 February 2022

Att

Parent Permission and Payment Form
Edu-Dance Program 2022

Where: **Applecross Primary School**

When: Term 1 2022

PAYMENT OPTIONS

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

OR **I have paid the total maximum extra cost options for my child/children for 2022. Please deduct \$35.50 from this amount.**

The cost will be **\$35.50** per student. **Please sign and return this permission slip together with correct money (if paying cash) to the front office as soon as possible.**

I have read and understood the information regarding the Edu-Dance Program in Term 1 2022 and give consent for my child to attend.

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

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

Phone Number: _____

PLEASE COMPLETE ALL DETAILS:

Direct Deposit Credit Card Cash **Maximum extra cost option paid**

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

EXPIRY DATE: (PLEASE PRINT CLEARLY)

--	--	--	--

_____ **CARD HOLDER'S NAME**

_____ **CARD HOLDER'S SIGNATURE**