



Dear Parents

To celebrate **National Science Week** students from PP to Year 6 will be taking part in **ROCKET MAKING WORKSHOPS** on Tuesday 13 August, Wednesday 14 August or Thursday 15 August 2019.

Presenters from the **GRAVITY DISCOVERY CENTRE** will be working with students.

During this incursion, students from **Years 1-6** will be taught the basics of rocket science (at an age appropriate level), make a straw rocket and then make a rocket out of a 1.25L water bottle and launch it from our Aquapods on the school oval. The activity runs for 1.5 hours and students are **required to bring in an empty 1.25L plastic bottle** for this activity.

Our **Pre Primary classes** will take part in **Rocket Science Made Easy** which runs for 45-50 minutes. Students will be taught the basics of rocket science during this activity and make straw rockets. They will then participate in a rocket launch demonstration from our Aquapods on the school oval at the end of each session.

The cost of the incursion is:

Year 1-6: \$12 per student (1.5hr rocket making incursion and students supply 1.25L bottle)

Pre Primary: \$6 per student (50min session rocket making demo and launch)

Please complete the Parent Permission and Payment Form attached and return to the locked box in the school office with correct money, if paying cash, by **Friday 9 August** at the latest.

A timetable for each class will be posted on the Skoolbag App.

Regards

Vanessa Mann
Science Coordinator
1 August 2019

Parent Permission and Payment Form

Rocket Making Workshops

Where: Applecross Primary School

When: Tuesday 13 August, Wednesday 14 August, Thursday 15 August 2019

The cost will be: Year 1 to Year 6 - \$12.00 per student (and supply 1.25L empty plastic bottle)

Pre Primary - \$6.00 per student

Please sign and return this permission slip together with **correct money (if paying cash) to the front office by Friday 9 August 2019.**

I have read and understood the information regarding the Rocket Making Workshops on 13 August, 14 August, 15 August 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)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE