



APPLECROSS
PRIMARY SCHOOL

Applecross Primary School

65 Kintail Road Applecross WA 6153

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Dear Parents and Carers

As part of our Biological Science strand of the Science curriculum, students from Rooms **7, 8 and 9** are invited to attend the 'Spineless Wonders' **incursion** on Tuesday **24 March 2020**.

"Spineless Wonders" is a 60 minute educational incursion which highlights the importance of Mini Beasts in the ecosystem. The incursion is an interactive presentation which incorporates hands-on activities using live animals and other props.

The cost of this incursion is \$10 per student. This will be deducted from your child's upfront payment. Please ensure you forward payment if you have not already done so.

If you give permission for your son/daughter to be involved in this incursion, please complete the permission form attached and return it by **Friday 14 March 2020**. If you have any queries, please contact your child's teacher.

We look forward to this educational incursion.

Kind regards

Mrs Murray, Mrs Thomas and Miss Tait
3 March 2020

Parent Permission and Payment Form
Spineless Wonders Incursion 2020

Where: Applecross Primary School

When: Tuesday 24 March 2020

The cost will be **\$10** per student. This amount will be deducted from your child's Up Front Payment. (Please forward payment if you have not already done so.)

Please sign and return this permission form by Friday 13 March 2020.

I have read and understood the information regarding the "Spineless Wonders" incursion on 24 March 2020 and give consent for my child to attend.	
Child's Name: _____	Room Number: _____
Signed: (Parent/Guardian) _____	Date: _____
Phone Number: _____	

**I have paid the Up Front Payment of \$100 for my child/children.
Please deduct \$10 from this amount.**

OR If you have not already paid the Up Front Payment please complete the following:

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