

## **Applecross Primary School**

65 Kintail Road Applecross WA 6153

Phone: 08 6274 1850

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## **Dear Parents and Carers**

As part of our Literacy focus, students from Rooms 7, 8 and 9 will be having an incursion on Wednesday 18 August 2021.

Rebecca Jane Flanagan has been presenting storytelling workshops in schools and will provide a 50 minute interactive learning experience where the children will be captivated by traditional fairy tales. The children will participate in the story and there will be musical instruments, delightful props and an array of storytelling skills on display as they sing and play.

As a specialist in the early childhood education field, Rebecca Flanagan is an education facilitator who has the sparkle and the charisma to completely enchant children, in addition to the imperative knowledge and understanding of their learning and development. This is what sets her storytelling incursions and training workshops apart from all others......

The cost of this incursion is \$5.00 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 and Payment Form attached and return it by **Wednesday 11 August 2021**. If you have any queries, please contact your child's teacher.

We look forward to an enjoyable and educational experience.

Kind regards

Helen Murray, Jessica Tait and Monique Thomas Year 1 Classroom Teachers 26 July 2021

## Parent Permission and Payment Form Musical Experiences Incursion 2021

**Applecross Primary School** 

Where:

When:	Wednesday 18 August 2021	
	e <b>\$5.00</b> per student. This amount will be dedu d payment if you have not already done so.)	cted from your child's Upfront Payment.
Please sign and	d return this permission form to the school of	fice by Wednesday 11 August 2021.
	d understood the information regarding the M consent for my child to attend.	usical Experiences Incursion on 18 August
Child's Name:		Room Number:
Signed: (Paren	t/Guardian)	Date:
Phone Number:		
☐ I have paid the Upfront Payment of \$100 for my child/children. Please deduct \$5.00 from this amount.  OR If you have not already paid the Upfront Payment please complete the following:  PAYMENT OPTIONS  * CASH  * CREDIT CARD - Visa & Mastercard  * CHEQUE - payable to 'Applecross Primary School'  (Preferred Option)  * 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 COMPLI	ETE ALL DETAILS: Payment Type: Cheque	□ Cash □ Credit Card □ Visa □ Mastercard
CREDIT CARD N	O: (PLEASE PRINT CLEARLY)	□ Visa □ Mastercard
EXPIRY DATE: (PLEASE PRINT CLEARLY)		
	CARD HOLDER'S NAME	CARD HOLDER'S SIGNATURE