



APPLECROSS  
PRIMARY SCHOOL

## Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792

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

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

Dear Parents/Caregivers

This term all students from Year 1 to 6 have been learning about the music of **Wyniss** during music lessons as part of the **Musica Viva in Schools Programme**. On Wednesday 7 August all students from Year 1 to 6 are invited to attend a 60 minute concert by **Wyniss** in the undercover area from 11.30am – 12.30pm for Year 1 – 3 students and 1.20pm – 2.20pm for Year 4 - 6 students.

The cost of the incursion is \$9.00. Please return the attached **Parent Permission and Payment Form** along with the correct money, if paying in cash, in a sealed and labelled envelope to the locked box in the front office by **Monday 5 August**. Alternatively you can pay by direct deposit or credit card as per payment options.

Ms Stephanie Bojanich  
Music Specialist  
24 July 2019



### Parent Permission and Payment Form for WYNISS Incursion

The cost will be **\$9.00** per student. **Please sign and return this permission slip and correct money (if paying cash) to the locked box in the front office before Monday 5 August 2019.**

I have read and understood the information regarding the Wyniss incursion on Wednesday 7 August 2019 and give my 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](mailto:Applecross.ps@education.wa.edu.au))

PLEASE COMPLETE ALL DETAILS: Payment Type:  Cheque  Cash  Credit Card  
 Visa  Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

EXPIRY DATE: (PLEASE PRINT CLEARLY)

--	--	--	--

\_\_\_\_\_  
CARD HOLDER'S NAME

\_\_\_\_\_  
CARD HOLDER'S SIGNATURE