



Applecross Primary School

65 Kintail Road Applecross WA 6153

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Dear Parents

As part of our science program our **Year 1** students will be taking part in the following evening event on **Monday 13 September 2021**.

Richard Tonello from Astronomy Education Services will be conducting an astronomy field night. We would like to invite the **families** of our Year 1 students to bring a **picnic dinner to school at 6:00pm** which will be followed at 6:30pm with a 20 minute computer presentation in a classroom. The presentation shows the constellations, planets, objects of interest (deep sky objects not seen with the naked eye). This is followed by the telescope viewing on the oval. Four telescopes will be set up so students and parents can view the night sky. A laser guided tour of the night sky is conducted and Richard will answer questions. The evening should conclude around 8:30pm.

The cost of the evening field night is **\$5.00**. This will be deducted from your child's upfront payment. Please ensure you forward payment if you have not already done so.

Please complete the Parent Permission and Payment Form attached and return to the locked box in the school office by Wednesday 8 September 2021.

Thank you

Monique Thomas, Jessica Tait and Helen Murray
Year 1 Teachers
23 August 2021

Parent Permission and Payment Form
Astronomy Field Night

Where: Applecross Primary School

When: Monday 13 September 2021

The cost will be **\$5.00** per student. **Please sign and return this permission slip to the locked box in the school office by Wednesday 8 September 2021.**

I have read and understood the information regarding the Astronomy Field Night on 13 September 2021 and give consent for my child to attend.

Child's Name: _____ Room Number: _____

Signed: (Parent/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 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