



## Applecross Primary School

65 Kintail Road Applecross WA 6153

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Dear Parents and Carers

### **BALLROOM DANCING – TERM 4**

Students in Year 6 will begin their Ballroom Dancing lessons in Term 4.

The lessons will be conducted by Geoff Chisholm, an experienced professional dancing instructor and includes the Jive, Samba, Waltz, to name but a few.

The children will have 10 hours of tuition culminating with a presentation of dances during their Graduation Dinner on Wednesday 15 December. Further information about the Graduation Dinner will be sent home at a later date.

The cost per student for the 10 hours is **\$30.00**. This is a “Pay as you Go” item (refer to Table 2 of the School Charges). Please return the attached Parent Permission and Payment Form to the locked box in the school office with the correct money (if paying cash) by **Friday 15 October 2021**.

Yours sincerely

Paula Hooper  
Principal  
15 September 2021

## Parent Permission and Payment Form Ballroom Dancing 2021

**Where:** Applecross Primary School

**When:** Term 4

**The cost will be:** \$30.00

Please sign and return this permission slip together with **correct money** (if paying cash) to the locked box in the school office by **Friday 15 October 2021**.

I have read and understood the information regarding Ballroom Dancing lessons in Term 4 and give consent for my child to attend.

**Child's Name:** \_\_\_\_\_ **Room Number:** \_\_\_\_\_

**Signed: (Parent/Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**I have paid the total maximum extra cost options for my child/children for the year. Please deduct \$30.00 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](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)**

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**EXPIRY DATE: (PLEASE PRINT CLEARLY)**

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CARD HOLDER'S NAME

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CARD HOLDER'S SIGNATURE