



Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 6274 1850

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Dear Parent/Caregivers

YEAR 6 CAMP

The cost of the 2021 Year 6 Camp has now been finalised and set at \$350.00 per student.

This fee is inclusive of accommodation, bus travel, activities, food and supervision.

Please return the attached Parent Permission and Payment Options form together with the correct money (if paying in cash) in a clearly labelled envelope to the locked box in the front office by **Monday 20 September 2021**. Alternatively, our preferred payment option would be by direct deposit into the School Bank Account (details over page).

If you would like to discuss the option of a payment plan, please do not hesitate to contact the Manager of Corporate Services, Mrs Lisa Mackay, on 6274 1850.

Please ensure you have completed and returned the Consent for Water-Based Excursion and Medical form to your class teacher.

Any enquiries regarding the camp should be directed to your class teacher.

Yours sincerely
Paula Hooper
Principal
19 August 2021

Att

Parent Permission and Payment Options Form Year 6 Camp 2021

Where: Forest Edge Recreation Camp, Waroona

When: 3 November to 5 November 2021

The cost will be **\$350.00** per student. **Please sign and return this permission form together with correct money (if paying cash) to the front office before Monday 20 September 2021.**

I have read and understood the information regarding the Year 6 Camp from 3 November to 5 November 2021 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 \$350.00 from this amount.

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

OR

I have contacted the Manager of Corporate Services regarding a payment plan