



Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 6274 1850

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www.applecrossps.wa.edu.au

Dear Parents/Caregivers

2021 Year 6 Dinner Dance

We are now able to confirm arrangements for the Year 6 Dinner Dance as follows:

Where: Tompkins On Swan, 632 Canning Highway, Alfred Cove
When: Wednesday 15 December 2021
Time: Arrive 6:30pm/**Pick up 9:30pm sharp**
Dress: Smart casual
Transport: Parents to organise
Cost: \$49.50

The Graduation Dinner Dance is traditionally an opportunity for students to celebrate stepping-up to high school from Applecross Primary School with fellow peers and teachers. Parents will need to provide transport to the venue and collect their children promptly at 9:30pm. One parent is invited to join in the dancing festivities for the last 30 minutes from 9:00pm, if they wish, in accordance with social distancing requirements.

6:30pm Arrive and gather outside for photos on the lawn
7:00pm Gather for dinner (parents leave)
8:30pm Ballroom dancing for students
9:00pm Parents return and are invited to join the ballroom dancing
(one parent per student)
9:30pm Depart promptly

This is a "Pay as you Go" item (refer to Table 2 of the School Charges and Voluntary Contributions schedule). Please complete the **Parent Permission and Payment Form** attached, along with correct money (if paying cash) and return in a sealed and labelled envelope to the locked box in the school office by **Monday 13 December 2021**.

Yours sincerely

Orla King, Libby Smart, Chloe Bygrave
Year 6 Teachers
23 November 2021

Parent Permission and Payment Form Year 6 Graduation Dinner Dance 2021

Where: Tompkins On Swan, 632 Canning Highway, Alfred Cove

When: Wednesday 15 December 2021

Cost: \$49.50

Please sign and return this permission form together with **correct money** (if paying cash) to the locked box in the school office by **Monday 13 December 2021**.

I have read and understood the information regarding the Year 6 Graduation Dinner Dance at Tompkins on Swan on Wednesday 15 December 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 \$49.50 from this amount.

OR If you have not already paid 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