

Applecross Primary School 65 Kintail Road Applecross WA 6153

intali Road Applecioss WA 6155

Phone: 08 6274 1850

Email: applecross.ps@education.wa.edu.au www.applecrossps.wa.edu.au

Dear Parents and Carers

On Thursday 24 February Year 6 students have the opportunity to attend a Leadership Development Day at Applecross Primary School.

Students will be able to participate in hands-on activities relating to teamwork, problem solving and communication. Students will be provided with pizza and a juice box for lunch but are required to bring recess as normal.

The cost of this incursion is \$3.40 per child.

If you give permission for your child to be involved in this incursion, please complete the Parent Permission and Payment form attached and return it to the School office by **Monday 21 February**.

If you have any queries, please do not hesitate to contact your child's teacher.

Kind regards

Bec Thomas (Chaplain) and Year 6 Classroom Teachers 17 February 2022

Parent Permission and Payment Form "Year 6 Leadership Day" Incursion 2022

Where: Applecross Primary School

When: Thursday 24 February 2022

The cost will be **\$3.40** per student.

Please sign and return this permission by Monday 21 February 2022.

I have read and understood the information regarding the "Ye February 2022 and give consent for my child to attend.	ar 6 Leadership Day" incursion on 24
Child's Name:	Room Number:
Signed: (Parent/Guardian)	Date:
Phone Number:	
I have paid the total maximum extra cost options. Ple	ease deduct \$3.40 from this amount.
OR	
PAYMENT OPTIONS * CASH * CREDIT CARD - Visa & Mastercard * DIRECT DEPOSIT - ANZ BOORAGOON BSB 016-267 (Please use your child's Name and Room No of Applecross.ps@education.wa.edu.au)	Account No 3408 67399 as reference and email confirmation of payment to
PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque	Cash Credit Card
CREDIT CARD NO: (PLEASE PRINT CLEARLY)	
EXPIRY DATE: (PLEASE PRINT CLEARLY)	
	ARDHOLDER'S SIGNATURE



Phone: 08 6274 1850

Email: applecross.ps@education.wa.edu.au www.applecrossps.wa.edu.au

STUDENT HEALTH FORM

STRICTLY CONFIDENTIAL

This information will enable incursion organisers to provide health care for your child.

STUDENT DETAILS

Student's name:		Date of birth:
Parent/guardian's full name:		
Address:		Postcode:
Telephone number:	Home: Work: Mobile:	

Please indicate if there are any foods that are unsuitable for your child to eat due to food intolerances, allergies, religious or cultural reasons.

Signature of Parent/Guardian:		Date:	
-------------------------------	--	-------	--