



Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792

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

www.applecrossps.wa.edu.au

Dear Parents

On Friday 13 March Year 6 students have the opportunity to attend a Leadership Development Day with Year 6 students from Ardross Primary School at school.

Students will be able to participate in hands-on activities relating to teamwork, problem solving and communication. They will also hear from students at Applecross Senior High School on how leadership impacts their high school experience. Students will be provided with Domino's pizza and a juice box for lunch but will need to bring recess as normal.

The cost of this incursion is \$3.15 per child. This amount will be deducted from your child's upfront payment. Please forward payment if you have not already done so.

If you give permission for your son/daughter to be involved in this incursion, please complete the Permission Form and Student Health Form attached and return to the box in the school office by **Monday 9 March**. If you have any queries, please do not hesitate to contact your child's teacher.

Kind regards

Bec Thomas, Orla King, Antionette Soraci and Libby Smart
Chaplain and Year 6 Teachers
26 February 2020

Parent Permission and Payment Form
“Year 6 Leadership Day” Incursion 2020

Where: Applecross Primary School

When: Friday 13 March 2020

The cost will be **\$3.15** per student. This amount will be deducted from your child’s Up Front Payment. (Please forward payment if you have not already done so.)

Please sign and return this permission by Monday 9 March 2020.

I have read and understood the information regarding the “Year 6 Leadership Day” incursion on 13 March 2020 and give consent for my child to attend.	
Child’s Name: _____	Room Number: _____
Signed: (Parent/Guardian) _____	Date: _____
Phone Number: _____	

**I have paid the up front payment of \$100 for my child/children.
Please deduct \$3.15 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)

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

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: _____