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/Caregivers,

EDU-DANCE PROGRAM 2020

Applecross Primary School students from Pre Primary to Year 6 are currently participating in the Edu-Dance Program during Term 1. The program will run for nine weeks, with each class receiving a 30 minute lesson per week. A whole school final rehearsal (tenth lesson) will be run during the day on Wednesday 8 April, culminating in the Edu-Dance Concert at 6.00pm that evening. Further details will be sent home later in the term.

The cost of the Edu-Dance Program is $31.00. This is a "Pay as you Go" item (refer to Table 2 of the School Charges and Voluntary Contributions schedule).

As lessons have already commenced, please return the **Parent Permission and Payment Form** attached indicating your payment preference, along with correct money if paying by cash, in a sealed and labelled envelope to the locked box in the front office as soon as possible.

Yours sincerely,

Mr Derek Rijnhart
Physical Education Specialist
13 February 2020
Derek.rijnhart@education.wa.edu.au

Parent Permission and Payment Form
Edu-Dance Program 2020

Where: **Applecross Primary School**

When: Term 1 2020

The cost will be **$31.00** per student. **Please sign and return this permission slip together with correct money (if paying cash) to the front office as soon as possible.**

I have read and understood the information regarding the Edu-Dance Program in Term 1 2020 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 $31.00 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)

EXPIRY DATE: (PLEASE PRINT CLEARLY)

_____ **CARD HOLDER'S NAME**

_____ **CARD HOLDER'S SIGNATURE**