



WEST LEEDERVILLE
PRIMARY

YEAR 6 CAMP 2021

Dear Parents/Guardians of Year 6 Students,

Camp is coming up already! We have a four-day camp in Week 8 of Term 2. Arrangements are well underway. We will be leaving for Forest Edge Recreation Camp in Waroona on **Tuesday 8 June and will be returning on Friday 11 June 2021.**

Throughout the four days, the students will be participating in a range of activities that are specifically designed to foster personal development and the building of friendships. Activities will include: rock-wall climbing, abseiling, bush-walking and a number of team-building and problem-solving activities.

The cost of the camp is \$550 per child (without fundraising). **A deposit of \$250 will be required by Wednesday 31 March 2021 (Week 9, Term 1).**

Any fundraising that has taken place will be factored into the second and final camp payment and be evenly distributed across all students.

Other information accompanying this note includes:

- Camp requirements
- Transport information
- *Medical Form (needs to be returned)*

Please ensure the medical form is returned, along with the deposit and consent form, by **Wednesday 31 March 2021.**

Warm regards,
Michael McInerheney

YEAR 6 CAMP 2021: \$250 DEPOSIT PAYMENT METHOD

Child's name: _____

Teacher: _____

My child will be attending the Year 6 2021 camp to Waroona, with a deposit payment of \$250.

Please:-

Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS)

I have paid by Direct Bank Deposit (BSB:036 044 Acct. No:123672
Ref:Student's name) Bank reference no: _____
Date: _____

I enclose \$ _____ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).

Credit card: Type _____ Card No. _____

Expiry date _____ Amount _____

Signature: _____ Date: _____
(Credit Card payments only accepted where cost exceeds \$15)

YEAR 6 CAMP 2021 CONSENT FORM

I have read and understood the information regarding the Year 6 Camp at Forest Edge Recreation Camp and give my consent for my son/daughter to attend.

Child's name: _____

Teacher: _____

Signature of parent/guardian _____ Date _____

The medical form is attached to this consent form (tick box)

RETURN TO CLASSROOM TEACHER, ALONG WITH MEDICAL FORM
BY **Wednesday 31 March 2021**