

PRIMARY

YEAR 6 CAMP 2021 Balance of Payment

Dear Parents/Guardians of Year 6 Students.

The Year 6 students will travel to Forest Edge Recreation Camp in Waroona by train on Tuesday 8 June and return on Friday 11 June. See separate note sent earlier.

Throughout this week, 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, kayaking, abseiling, bushwalking and a number of team-building and problem-solving activities.

The cost of the camp is \$550 per child. All fundraising has been combined to offset the cost of the camp by \$137.50 for each student. Taking into account the deposit of \$250 already paid, a balance of \$162.50 is owing.

Other information accompanying this note includes:

- Camp requirements
- Transport information
- Medical Form (hardcopy will go home with students and needs to be returned)

Please ensure the medical form is returned, along with the final payment and consent form at your earliest convenience, or by Friday 28 May 2021.

Warm regards, Judith Curtis, Mitch Green, Nic Savatovic & Michael McInerheney

YEAR 6 CAMP 20	21: \$162.50 FINAL PAYMENT		
Child's name:	Teache	Teacher:	
My child is attending the Yo payment of the deposit and	ear 6 2021 camp to Waroona fo d fundraising contributions.	or the cost of \$162.50 followin	
Please:-			
Debit my child's school	based account. (PLEASE ENSUR	RE SUFFICIENT FUNDS).	
The following options are ava deposit of \$100.	ailable to top up your student base	d account. We recommend a	
☐ Direct bank deposit	☐ Visa payment	Cash/ Eftpos	
BSB: 036 044 Account No: 123672 (use child's name & unallocated as reference).	Telephone 9366 9750 or call in at the office.		
Direct deposit and Credit C	ard payment is not available for	costs under \$20.	
I enclose \$credit will appear on your statem	(Please bring cash directly to th	e office. No change will be given. A	
I have read and understood	EAR 6 CAMP 2021 CONSENT d the information regarding the my consent for my son/daught	Year 6 Camp at Forest Edge	
Child's name:	Teache	er:	
Signature of parent/guardia	an	Date	
The medical form is attach	ed to this consent form (tid	ck box)	
RETURN TO CLASS	SROOM TEACHER, ALONG W Wednesday 28 May 2021		