



WEST LEEDERVILLE  
PRIMARY

### YEAR 6 CAMP 2023

Dear Parents/Guardians of Year 6 Students,

We are pleased to inform you of the arrangements for the four-day Year 6 Camp in Week 7 of Term 2.

We will be leaving for Forest Edge Recreation Camp in Waroona on **Tuesday 6 June and will be returning on Friday 9 June 2023.**

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 currently \$605 per child. This will be reduced after fundraising takes place. **A deposit of \$300 is required by Wednesday 10 May 2023 (Week 3, Term 2).**

You will be notified of the due date and amount of the final payment after fundraising is complete.

Please do not hesitate to contact the school to arrange a payment plan if you require it.

*An information pack has been sent home. There is a medical form that needs to be completed. Please return these by **Wednesday 10 May 2023.***

Warm regards,  
Judith Curtis, Lauren Brophy, Leah O'Donnell, Vanessa Balla and  
Bec Maloney

### YEAR 6 CAMP 2023: \$300 DEPOSIT PAYMENT METHOD

Child's name: \_\_\_\_\_

Teacher: \_\_\_\_\_

My child will be attending the Year 6 2023 camp to Waroona, with a deposit payment of \$300.

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 2023 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 10 May 2023**