PLENTY PARKLANDS PRIMARY SCHOOL NO. 1915

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Principal: Claire McInerney

Assistant Principals: Julie Nixon and Alison Devereux

Thursday 22nd November 2018

Dear Parents/Guardians,

With thanks,

Thank you for your commitment to our 2019 year 6 Canberra Tour. 52 students have expressed their intention to attend. We can now let you know that the new cost based on 52 students is \$720.00 per student.

As a result the following details have been confirmed.

Staff: The following PPPS staff will be attending to ensure a ratio of 1 to 10.

2 class teachers, one Leading Teacher, One Principal Class (2 days) and 3 parent volunteers.

VENUE: Greenhills Centre

1437 Cotter Road, Stromlo ACT 2611

DATES: Tuesday 14th May – Friday 17th May 2019 (inclusive)

COST: A \$200 first payment has been paid leaving a balance of \$520.00

This balance can be paid in full or in two instalments.

The second payment of \$260.00 (or full payment if you prefer) must be received by 3.30 pm on

Thursday 20th December 2018.

The third payment of \$260.00 will be due by 3.30 pm on Friday 8th March 2019.

Any consideration of a request for part refund caused by late withdrawal of students due to illness, holiday, etc., can only be considered after all invoices associated with the camp have been finalised. If

the school is charged by the provider then we cannot provide a refund.

Please complete the payment slip below and return with payment.

Meg Seidel	
Canberra Tour Organiser	
×	(To be used if paying in instalments)
SECOND PAYMENT	
Date	
Child's name:	Home group:
I have paid the first instalment (\$200 non refundable de Enclosed is the second instalment of \$260 for the year (
Amount enclosed: \$ Cash / Cre	dit Card / QkR (please circle)
Credit Card payment	
Please charge my:	☐ Mastercard Amount: \$
Card Number	
Expiry Date: / Name on Card	:
Signature of Cardholder:	Phone No Date:

THIRD PAYMENT

Date	=				
Child's name:				Home group:	-
I have paid the first tv Enclosed is the third i	• •	•	erra Tour.		
Amount enclosed: \$_		Cash / Credit Ca	ard / QkR (please circle)		
Credit Card payment					
Please charge my:	☐ Bankcard	☐ Visa	☐ Mastercard	Amount: \$	
Card Number					
Signature of Cardho	older:		Phone No	Date:	
×				(To be used	d if naving in ful
					p,g
DAVMENITI	NI ELILI				
PAYMENT I	IN FULL				
Date					
Child's name:	·····			Home group:	
I have paid the first in Enclosed is the full pa	• • •	•	•		
Amount enclosed: \$_		Cash / Crec	lit Card / QkR (please circ	le)	
Credit Card payment					
Please charge my:	☐ Bankcard	☐ Visa	☐ Mastercard	Amount: \$	
Card Number					
Expiry Date:	/ N	ame on Card:			
Signature of Cardho	older:		Phone No	Date:	