



Personalised Learning

High Expectations

Year 6 Graduation 2017

Learn Trust Respect Sense of Humour



For any enquiries please contact us on:

5996 2878

110 Duff Street

CRANBOURNE WEST VIC 3977

Dear Year Six Student and their Parents,

You are invited to
the Year Six Graduation of 2017.

- Date:** Thursday, 7th December 2017
Time: 6.00pm arrival with a 6.30 start
Where: Cranbourne Racecourse
In the Function Room, Grant Street
Cranbourne 3977 (Not at Trios)
Cost: **\$45.00** per person
(Total Cost \$135.00 for 3 to attend.
Please note students **ARE** required to pay)
Maximum of two guests per student
Final balance due Thursday 24th November
(including Family Credit, BPAY, Eftpos, Direct Credit
and Cash)

Dress Code: Formal / Semi-formal attire

- Males:** Dress pants and shirt
(No runners, no denim)
Females: Skirts / dresses, dress pants
(No runners, no denim)

Meals: Two Course Dinner including soft drink for students
If the student or the guests have any special dietary
requirements please enter details on next page.

NB: Parents may purchase drinks at bar prices.

We would love to attend the

Year Six Graduation of 2017.

Please supply the names of those attending the evening.

Student: Area

Dietary Requirement: (please circle) YES or NO

If Yes:

Guest 1:

Dietary Requirement: (please circle) YES or NO

If Yes:

Guest 2:

Dietary Requirement: (please circle) YES or NO

If Yes:

**Deposit of \$10.00 per person is required by
Tuesday 31st October to establish numbers.**

Enclosed is a \$10 / \$20 / \$30 deposit

Will be unable to attend Year 6 Graduation 2017

Seating Preferences:

If possible we would like to be seated with.....

.....

.....

We will do our best to fulfil your request to be seated with the above families

There is an expectation that all members of the school community respect the rights of others by not posting or distributing photographs or videos that include other community members without their express permission or consent.

METHOD OF PAYMENT

PLEASE FILL IN RELEVANT SECTION AND RETURN THE COMPLETE PAGE

Name of Student: _____ Home Group: _____

Name of Excursion: **Year 6 Graduation Deposit**

Students and guests are required to pay a deposit by 31st October 2018

Deposit Amount \$10 per person : 1 person \$ 10.00, 2 people \$20.00, 3 people \$30.00

OPTION 1: CASH

OPTION 2: PREPAID EXCURSION or FAMILY CREDIT at the school

Parent/Guardian's Name in Full: _____ Signature: _____

OPTION 3: BPAY (MINIMUM OF \$20.00)

Billers Code: **87361** Family BPAY Ref No: **15189** _____

(Statements detailing your BPAY reference number are provided to parents in Terms 2 or contact Mary Graham at the school)

OPTION 4: EFTPOS (EFT facilities available at the office)

Credit Card Payments - Please complete Details

Bankcard Mastercard Visa

_____/_____/_____/_____ Amount: \$_____ Expiry Date ____/____

Name on Card: _____ Authorised Signature: _____

OPTION 5: DIRECT DEBIT

Using my child's student I.D. Code, e.g. SMI0003 (found under Student Details on the attached Permission Notification Report), payment for this excursion has been deposited into the school's bank account as follows:

Name of Student: _____ Grade: _____ ID Code: _____

School's BSB: **633-000** Account No: **134846831**
Name of Account: Cranbourne West Primary School Council Official Account

Privacy: School Community

There is an expectation that all members of the school community respect the rights of others by not posting or distributing photographs or videos that include other community members without their express permission or consent.

METHOD OF PAYMENT

PLEASE FILL IN RELEVANT SECTION AND RETURN THE COMPLETE PAGE

Name of Student: _____ Home Group: _____

Name of Excursion: **Year 6 Graduation Balance**

Students and guests are required to pay in full by 24th November 2018

Balance Amount if \$10 deposit paid: 1 person \$ 35.00, 2 people \$70.00, 3 people \$105.00

OPTION 1: CASH

OPTION 2: PREPAID EXCURSION or FAMILY CREDIT at the school

Parent/Guardian's Name in Full: _____ Signature: _____

OPTION 3: BPAY (MINIMUM OF \$20.00)

Billers Code: **87361** Family BPAY Ref No: **15189** _____

(Statements detailing your BPAY reference number are provided to parents in Terms 2 or contact Mary Graham at the school)

OPTION 4: EFTPOS (EFT facilities available at the office)

Credit Card Payments - Please complete Details

Bankcard Mastercard Visa

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____ Amount: \$_____ Expiry Date ___/___/___

Name on Card: _____ Authorised Signature: _____

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