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19<sup>th</sup> April 2018

Dear Parents,

## YEAR 6 CAMP COONAWARRA FIRST NOTICE

The Year 6 Camp to Stratford in Gippsland is scheduled for 26<sup>th</sup> to 30<sup>th</sup> November 2018. This is a weeklong camp offering students a wonderful opportunity to challenge themselves physically and socially.

The total cost of the camp including accommodation, catering, activities, horse riding and transport will be approximately \$420.00 per student. We understand this camp is a considerable cost which is why we have allowed an extended period of time for payments to be made. **We urge you to make them in instalments and will advise of the exact cost when it becomes available.**

If your child **WILL** be attending, please complete the form below and return it with a **NON-REFUNDABLE** DEPOSIT OF \$50.00 by **Thursday 28<sup>th</sup> June 2018**. The balance is to be paid in full by Friday 2<sup>nd</sup> November 2018 or by instalments by that date. **WE CANNOT ACCEPT DEPOSITS AFTER JUNE 28<sup>TH</sup>.**

If your child **WILL NOT BE ATTENDING CAMP**, please tick the appropriate check box on the return slip at the bottom of this notice and return to your child's class teacher by Thursday 28<sup>th</sup> June.

Notices must be in by the due date & please contact the office if you have any queries.

**N.B. If you have a current health care card you may be eligible for the CSEF payment. If you would like to use this \$125 payment, or part thereof, please ensure you have completed the application form by checking with the office if unsure & ticking the option below.**

Year 6 Classroom Teachers

Stephen Wilkinson  
Principal

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### YEAR 6 COONAWARRA CAMP

My child \_\_\_\_\_ Room No. \_\_\_\_ will be attending the Year 6 Camp from 26<sup>th</sup> to 30<sup>th</sup> November 2018 and I enclose a \$50.00 deposit. I understand that this deposit is **NOT REFUNDABLE**.

My child \_\_\_\_\_ Room \_\_\_\_\_ will be attending the Year 6 Camp & I wish to use my CSEF Allowance.

My child \_\_\_\_\_ Room No. \_\_\_\_\_ **WILL NOT** be attending the Year 6 Camp.

Parent's/Guardian' Name \_\_\_\_\_ Signature \_\_\_\_\_  
(please print)

#### **Only complete if interested in attending as a parent helper:**

I would like to be considered as a Parent Helper at this camp. I have:-

Working with Children's check Yes  No

Current Level 2 First aid Certificate Yes  No