

# COWES PRIMARY SCHOOL

## TERM 4 ACTIVITIES 2018

| EXCURSION/ACTIVITY   | PREP           | YR 1-2        | YR 3-4        | YR 5           | YR 6           |
|--|----------------|---------------|---------------|----------------|----------------|
| <b>Term 4<br/>Y1-2 Rotations</b>   |                | \$3.00        |               |                |                |
| <b>26<sup>th</sup> October<br/>Y5 GP Track Excursion</b>                     |                |               |               | \$4.00         |                |
| <b>31<sup>st</sup> October<br/>Y5-6 Ride to Rhyll</b>                        |                |               |               | \$3.00         | \$3.00         |
| <b>16 &amp; 18 Oct, 15 &amp; 29 Nov &amp; 14 Dec<br/>Y6 Know Your Island</b> |                |               |               |                | \$21.00        |
| <b>14<sup>th</sup> December<br/>Prep Polar Express Day</b>                   | \$5.00         |               |               |                |                |
| <b>17<sup>th</sup> December<br/>Prep CYC The Island (Day Camp)</b>           | \$10.00        |               |               |                |                |
| <b>18<sup>th</sup> December<br/>Y5 Beach Day</b>                             |                |               |               | \$33.00        |                |
| <b>TOTAL</b>   | <b>\$15.00</b> | <b>\$3.00</b> | <b>\$0.00</b> | <b>\$40.00</b> | <b>\$24.00</b> |

Please tear off and return section below

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NAME.....YEAR.....ROOM.....

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NAME.....YEAR.....ROOM.....

Payment options are: (Please tick)

- ELECTRONIC FUNDS TRANSFER**  
 Bendigo Bank  
 BSB - 633-000  
 Account number – 1380 42163  
 Please state your child's name and reason for payment

- CREDIT CARD PAYMENT (Minimum \$15.00 per transaction)**

Card Type (please circle)                      **VISA / MASTERCARD**

Card Number    \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_    Expiry Date    \_\_\_\_/\_\_\_\_

Three Digit Verification No    \_\_\_\_\_                      Amount Payable \$ \_\_\_\_\_

Cardholders Name \_\_\_\_\_ Contact No \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

- PLEASE FIND CASH PAYMENT ENCLOSED**                      \$ \_\_\_\_\_