



PERMISSION FORM

Name of Excursion/Event:

Child's Name:

Grade:

Date of Excursion

Choose one of the following payment methods

- A. I Enclose Payment of \$ cash or cheque
 (Please see the Event Notice for details about the cost)

- B. Or Direct Deposit
 (please email remittance advice to wandin.north.ps@edumail.vic.gov.au)

- C. OR Use Funds from my Pre Paid Account
 (to add funds to your account, please contact the school office)

- D. OR Use Funds from my CSEF Account
 NOTE - CSEF is only available to Health Care Card Applicants
 that have submitted a form and are eligible through the school

Parent/Guardian Signature:

Contact Phone:

If we need extra helpers for
 this event, are you available?

Please complete if transport to this event is by car:

Person transporting your child **to** the event?

Person transporting your child **from** the event

DIRECT DEPOSIT DETAILS

Account Name – Wandin North Primary School BSB – 633 000 Account - 127483352

Please ensure you use your family surname and description in the banking description field
 eg "SMITH UNIFORMS" to ensure your payment is allocated against your invoice.

Please email your receipt number to : wandin.north.ps@edumail.vic.gov.au