Year 7 Voluntary Contributions

A. VOLUNTARY CONTRIBUTIONS
Library Trust Fund  FEE CODE: LIB17
a. A tax deductible gift: Donation to Canberra High School Library Fund
for one child  ____________________________ $85.00  □
two or more children attending school ____________________________ $140.00  □

OR

b. Voluntary contribution  FEE CODE: VOL17
for one child  ____________________________ $85.00  □
two or more children attending school ____________________________ $140.00  □

B. TEXTBOOK HIRE  FEE CODE: TEXT17
Textbook Hire Charge paid once on enrolment ____________________________ $60.00  □

C. SUBJECT CONTRIBUTIONS for Year 7 students

<table>
<thead>
<tr>
<th>Subject</th>
<th>FEE CODE</th>
<th>Fee</th>
<th></th>
<th>FEE CODE</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Art/Music</td>
<td>ARTS17</td>
<td>$20.00</td>
<td>□</td>
<td>Science</td>
<td>SCI17</td>
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<tr>
<td>English</td>
<td>ENG17</td>
<td>$10.00</td>
<td>□</td>
<td>SHAPE</td>
<td>SHA17</td>
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<td>Food</td>
<td>FOOD17</td>
<td>$30.00</td>
<td>□</td>
<td>SOSE</td>
<td>SOS17</td>
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<tr>
<td>Maths</td>
<td>MAT17</td>
<td>$10.00</td>
<td>□</td>
<td>Technology</td>
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<tr>
<td>LOTE</td>
<td>LOTE17</td>
<td>$10.00</td>
<td>□</td>
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</table>

D. Band - Instrument Hire (only if student is participating)
FEE CODE--INS17
Half Year  $80.00  □
Full Year  150.00  □

TOTAL AMOUNT I WOULD LIKE TO PAY

$
EXCURSION TITLE: Voluntary Contributions

PAYMENT OPTIONS

1. Payment is person at school Front Office-between 8:15am & 2:30pm Mon-Fri
   EFTPOS facilities are available. Cheques made payable to Canberra High
   School

2. Direct Deposit: Bank: Westpac
   BSB: 032777  Acc. No. 001113
   Acc. Name: Canberra High School

3. Canberra High School Website: www.canberrahs.act.edu.au
   (QUICKWEB)
   See front page for FEE CODE

4. Phone Payments – Credit cards  Phone: 62057000 or 62057028

Please debit my □ Mastercard □ Visa □

Card Number: □□□□-□□□□-□□□□-□□□□

Card Expiry Date: _________ Name on card:______________________________

Parent/Carer:_________________________ Student Name: ______________________

Total Amount Paid: $___________

Cardholders Signature:________________________

Contact Phone number of Cardholder:________________________